

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # K45484 (8)
1. Corporation Name
BAXTER LAKESCAPING, INC.



Principal Place of Business 985 STORYBOOK LANE OVIEDO FL 32765 US	Mailing Address 985 STORYBOOK LANE OVIEDO FL 32765 US
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11/16/1988	
				4. FEI Number 59-2910919	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PARKER, E. CLAY ESQUIRE 108 E. HILLCREST ORLANDO FL 32801				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City FL 85 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BAXTER, DOUGLAS		1.2 NAME	Baxter, Douglas			
STREET ADDRESS	881 N. CROSSBEAM DR		1.3 STREET ADDRESS	985 Storybook Lane			
CITY-ST-ZIP	CASSELBERRY FL		1.4 CITY-ST-ZIP	Oviedo, FL 32765			
TITLE	VST	<input type="checkbox"/> DELETE	2.1 TITLE	VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BAXTER, TRACY		2.2 NAME	Baxter, Tracy			
STREET ADDRESS	881 N. CROSSBEAM DR		2.3 STREET ADDRESS	985 Storybook Lane			
CITY-ST-ZIP	CASSELBERRY FL		2.4 CITY-ST-ZIP	Oviedo, FL 32765			
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BAXTER, TRACY		3.2 NAME	Baxter, Tracy			
STREET ADDRESS	881 N. CROSSBEAM DR		3.3 STREET ADDRESS	985 Storybook Lane			
CITY-ST-ZIP	CASSELBERRY FL		3.4 CITY-ST-ZIP	Oviedo, FL 32765			
TITLE	VD	<input type="checkbox"/> DELETE	4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PARKER, JESSICA		4.2 NAME	Parker, Jessica			
STREET ADDRESS	821 DANA WAY		4.3 STREET ADDRESS	985 Storybook Lane			
CITY-ST-ZIP	WINTER PARK FL		4.4 CITY-ST-ZIP	Oviedo, FL 32765			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS	**NOTE: Above are ADDRESS changes ONLY			
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation, a receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

4/14/98

Doug Baxter, President

407/359-5336

CR2E034 (10/97)