

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **K92825** (4)

1. Corporation Name  
**DOROTHY B. BAKER MORTGAGE COMPANY**

Principal Office Address  
**8810 SW HWY  
STE 4  
OCALA FL 34481-9635  
US**

Mailing Address  
**8810 SW HWY 200  
STE 4  
OCALA FL 34481-9635  
US**

2. Principal Office Telephone

21. Telephone Number

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. Telephone Number

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

**BAKER, DOROTHY B.  
8810 S.W. HIGHWAY 200, SUITE 4  
OCALA FL 34481**

3. Date Incorporated or Qualified  
**06/02/1989**

3a. Date of Last Report  
**02/28/1996**

4. F.I. Number

**59-2956209**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

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. The undersigned, being a resident of the State of Florida and a qualified elector of the State of Florida, do hereby certify that the above-named corporation submits this statement for the purpose of changing its registered agent from the agent named in the Certificate of Incorporation of the corporation to the agent named herein, and accept the obligation of Section 607.005, Florida Statutes.

SIGNATURE

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(If the filer is a foreign corporation, please provide the following information)

15b.

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11. NAME

12. NAME

13. STREET ADDRESS

14. CITY, ST, ZIP

15. TITLE

☐ Change ☐ Addition

16. NAME

17. STREET ADDRESS

18. CITY, ST, ZIP

19. TITLE

☐ Change ☐ Addition

20. NAME

21. STREET ADDRESS

22. CITY, ST, ZIP

23. TITLE

☐ Change ☐ Addition

24. NAME

25. STREET ADDRESS

26. CITY, ST, ZIP

27. TITLE

☐ Change ☐ Addition

28. NAME

29. STREET ADDRESS

30. CITY, ST, ZIP

31. TITLE

☐ Change ☐ Addition

32. NAME

33. STREET ADDRESS

34. CITY, ST, ZIP

35. TITLE

☐ Change ☐ Addition

36. NAME

37. STREET ADDRESS

38. CITY, ST, ZIP

39. TITLE

☐ Change ☐ Addition

40. NAME

41. STREET ADDRESS

42. CITY, ST, ZIP

43. TITLE

☐ Change ☐ Addition

SIGNATURE:

*Dorothy B. Baker*  
DOROTHY B. BAKER, PRESIDENT

3/3/97

852 834-6464

CR2E034 (9/96)