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Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90005 030 ***300.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # ~~K44520~~ K92825 (4)

1. Corporation Name

~~EAGLE REALTY OF OCALA, INC.~~

DOROTHY B. BAKER MORTGAGE COMPANY

Principal Place of Business

% DOROTHY B. BAKER
8810-5 SW HIGHWAY 200
OCALA FL 34481

Mailing Address

8810-5 SW HWY 200
OCALA FL 34481
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

~~11/09/1988~~ 06/02/1989

4. FEI Number

~~59-2916416~~ 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 owes the current year intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 8810 SW Highway 200

26 Suite, Apt. #, etc.

22 Suite 4

27 Suite, Apt. #, etc.

23 City & State
OCALA FL

28 City & State
SAME

24 Zip Country
34481 FLORIDA

29 Zip Country
34481 FLORIDA

9. Name and Address of Current Registered Agent

BAKER, DOROTHY B.
8810-5 S.W. HWY. 200
SUITE 4
OCALA FL 34481

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
BAKER, DOROTHY B.
STREET ADDRESS
8685B SW 94TH LANE
CITY-ST-ZIP
OCALA FL

TITLE ☐ DELETE

NAME
BAKER, JOHN L
STREET ADDRESS
5604 S.W. 108 STREET
CITY-ST-ZIP
OCALA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 or the 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, or on an attachment with an address with all other like empowered

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-99

352-884-1512

CR2F034 (11/98)