

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

FILED

Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **L99505**

(4)

1. Corporation Name
BAKER CLAN PLAN, INC.



Principal Place of Business

**3510 FT CHARLES DR
NAPLES FL 33940**

Mailing Address

**3510 FT CHARLES DR
NAPLES FL 34102-7831**

3. Date Incorporated or Qualified
09/04/1990

3a. Date of Last Report
05/01/1996

4. FEI Number
65-0214015

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**BAKER, DONNA D.
3510 FT CHARLES DR
NAPLES FL 33940**

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 **D BAKER, DONNA D**
STREET ADDRESS **3510 FT CHARLES DR**
CITY - ST - ZIP **NAPLES FL**

TITLE ☐ DELETE
NAME **D BAKER, JOHN L IV**
STREET ADDRESS **201 8TH ST SO STE 108**
CITY - ST - ZIP **NAPLES FL**

TITLE ☐ DELETE
NAME **D JONES, BONNIE BAKER**
STREET ADDRESS **2799 N.W. 27TH TERRACE**
CITY - ST - ZIP **BOCA RATON FL 33434**

TITLE ☐ DELETE
NAME **D MILLS, LYNNE BAKER**
STREET ADDRESS **1538 N. SEMINARY, APT.G**
CITY - ST - ZIP **WOODSTOCK IL 60098**

TITLE ☐ DELETE
NAME **D CHISHOLM, DIANE BAKER**
STREET ADDRESS **400 12TH AVE NW**
CITY - ST - ZIP **NAPLES FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 included 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.

SIGNATURE: *Donna D. Baker*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/21/97**

Daytime Phone #

CR2E034 (9/96)