

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JAMES H. MOHR
Secretary of State
1919 PALM BEACH BOULEVARD, #202
PALM BEACH, FLORIDA 33480-4000

APPROVED
AND
FILED

50 MAY -1 PM11:44

DOCUMENT # **M83496**

(3)

To: Corporation Name

RON BAKER ENTERPRISES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

% RON BAKER
820 DIXON BLVD.
COCOA FL 32922

Mailing Address

% RON BAKER
820 DIXON BLVD.
COCOA FL 32922

DO NOT WRITE IN THIS SPACE

3. Date incorporated or created 06/01/1988	3a. Date of last report 05/01/1994
4. FEI Number 59-2893314	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 the 1987 US Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. State Apt. # etc.	26. State Apt. # etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BAKER, RON 820 DIXON BLVD. COCOA FL 32922	81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. City 84. State 85. Zip Code

11. Pursuant to the provisions of Sections 607.01(2)(b) and 607.1506, Florida Statutes, the above named corporation certifies this statement for the purpose of changing its registered office or registered agent of office in the State of Florida. Such change was authorized by the corporation's board of directors, thereby discharging the appointment of its registered agent. I am aware with and consent to the appointment of the new registered office, Florida Statutes.

SIGNATURE

Signature of the registered agent or the corporation

Signature of the registered agent or the corporation

Signature

12. OFFICE CO. AND EMPLOYEES	13. ADDITIONAL CHANGES TO OFFICERS AND EMPLOYEES
NAME D BAKER, RON STREET ADDRESS 1299 ST. ANDREWS DR. CITY ROCKLEDGE FL	1. NAME 2. NAME 3. NAME 4. NAME 5. NAME 6. NAME 7. NAME 8. NAME 9. NAME 10. NAME 11. NAME 12. NAME 13. NAME 14. NAME 15. NAME 16. NAME 17. NAME 18. NAME 19. NAME 20. NAME 21. NAME 22. NAME 23. NAME 24. NAME 25. NAME 26. NAME 27. NAME 28. NAME 29. NAME 30. NAME 31. NAME 32. NAME 33. NAME 34. NAME 35. NAME 36. NAME 37. NAME 38. NAME 39. NAME 40. NAME 41. NAME 42. NAME 43. NAME 44. NAME 45. NAME 46. NAME 47. NAME 48. NAME 49. NAME 50. NAME 51. NAME 52. NAME 53. NAME 54. NAME 55. NAME 56. NAME 57. NAME 58. NAME 59. NAME 60. NAME 61. NAME 62. NAME 63. NAME 64. NAME 65. NAME 66. NAME 67. NAME 68. NAME 69. NAME 70. NAME 71. NAME 72. NAME 73. NAME 74. NAME 75. NAME 76. NAME 77. NAME 78. NAME 79. NAME 80. NAME 81. NAME 82. NAME 83. NAME 84. NAME 85. NAME 86. NAME 87. NAME 88. NAME 89. NAME 90. NAME 91. NAME 92. NAME 93. NAME 94. NAME 95. NAME 96. NAME 97. NAME 98. NAME 99. NAME 100. NAME

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Sections 607.01(2)(b), 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 make this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attachment with an affidavit.

SIGNATURE: **RONALD E. BAKER** *Ronald E. Baker*
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR
President

4-28-95 4076361074
Date Filed