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CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 PM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M83496** **(3)**

1. Corporate Name

RON BAKER ENTERPRISES, INC.

Principal Place of Business	Mailing Address
% RON BAKER 820 DIXON BLVD. COCOA FL 32922	% RON BAKER 820 DIXON BLVD. COCOA FL 32922

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified **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. Is corporation now liable for interrogatories under s. 768.095 Florida Statutes. ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

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 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of section 607.1622(2) or 608.4101(2), 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 607.325, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
TITLE: D NAME: BAKER, RON STREET ADDRESS: 1299 ST. ANDREWS DR. CITY, ST, ZIP: ROCKLEDGE FL	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition

14. To the best of my knowledge, the information supplied with this report is complete and accurate, not false or misleading in any material respect, and complies with the applicable provisions of Florida Statutes. I further certify that the information indicated on this report or supplemental annual report is true and accurate and that the signature below authorizes this report to be delivered for filing to the Department of State. I am a director or officer of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that this report complies with the applicable provisions of Florida Statutes.

SIGNATURE: RONALD E. BAKER Ronald E. Baker 4-28-95 4076361074
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #
President

000083 CP