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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Sccretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name P39206

(8)

R.B. BAKER CONSTRUCTION, INC.					
Principal Place	of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·	**	N NIII NEOFE DIGIE DINII NINII OENE NINII IN
P.O. BOX 7192 P.O. BOX 7192 GARDEN CITY GA 31418 GARDEN CITY GA		418			
ET CARRON INC.				3. Date Incorporated or Qualified 06/10/1992	3a. Date of Last Report 05/01/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FE Number 58-1913649	Applied For Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Ζιρ 24	Country 25	Ζφ [29]	Country 30	8. This corporation has liability for Horida Statutes Yes	intangible tax under s. 199.032, □ No
24	9. Name and Address of Curren	1 1		10. Name and Address of New F	
			81 Name		<u> </u>
BECKWI	ITH, J. D		82 Street Addr	ess (P.O. Box Number is Not Acceptat	le)
	NY MEADOWS ROAD				
SUITE 1	· ·		83		
JACKSO	NVILLE FL 32217		84 City		85 Zip Code
11 Durquant to	o the previous of Sections EDZ 0500	and 607 1500 Flacida Statu	too the object of the second second		FL FL FL FL FL FL FL FL
or registere	ed agent, or both, in the State of Florid	ia. Such change was authori.	zed by the corporation's boar	ation submits this statement for the pured of directors. Thereby accept the app	pose of changing its registered office pointment as registered agent. I am
	h, and accept the obligations of, Section	on 607.0505, Florida Statute	S.		
SIGNATURE _	Signature, typed or printed name of registers: I age in	and trie if applicable (N	Oft. Projistored Agent signature respice	á věten novodatný	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	Change Addition
TITLE	P	☐ DELETE	1 1111(6		☐ Change ☐ Addition €
NAME	BAKER, ROBERT BRUCE		1.2 NAME		2
STREET ADDRESS	120 PINDER POINT ROAD		13 STREET ADDRESS		i i
CiTY-ST-ZiP	PORTWENTWORTH GA	F3 or cr	1.4 C/TY - ST - Z-P	··· · · · · · · · · · · · · · · · ·	
TITLE	S DAMO ALTONIO	DELETE	2 1 THE		Change Addition
NAME STREET ADDRESS	DAVIS, ALTON G. 106 E. 60TH ST.		22 NAME		
CITY-ST-ZIP	SAVANNAH GA		2.3 STREET ADDRESS 2.4 City-St-Zip		ì
TITLE	D	☐ DELETE	3 1 11115		Change Addition
NAME	BECKWITH, J. D	1-3	3.2 NAME		
STREET ADDRESS	4221 BAY MEADOWS ROAD,	SUITE 11	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 City - ST - ZiP		
TITLE	V	☐ DELETE	4 1 TOTLE		Change Addition
NAME	GRINER, RICHARD D.		4.2 NAME		**************************************
STREET ADDRESS	5 OFFSHORE RD.		4.3 STREET ADDRESS		
CITY ST-ZIP	SAVANNAH GA	C DE CIC	4.4 CHY+ST-7IP		
TITLE		DELETE	5 1 THLE		Change Addition
NAME STREET ADDRESS			5.2 NAME		
CiTY-S1-ZiP			5 3 STREET ADDRESS		
Title		DELETE	54 CHY-ST-7111 6 1 THE		Change Addition
NAME:		Basad	6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
COLY - S1 - ZIP			6 4 CiTY - S1 - ZiF		
certify that to eath; that h	the information indicated on this annua	al report or supplemental and ation or the receiver or truste	nished and does not qualify fo rual report is true and accurat to empowered to execute this	or the exemption stated in Section 119. te and that my signature shall have the s report as required by Chapter 607, Flo	same legal effect as if made under 1
SIGNATI		PRINTED NAME OF SIGNING OFFIC	ER OR DIRECTOR	124/96 912	9646513 Oxyllein Plane i