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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P39206

R.B. BAKER CONSTRUCTION, INC.

Principal Place of Business						
P.O. BOX 7192 GARDEN CITY GA 31418						

Mailing Address

## **FILED** Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90100 047 \*\*\*150.00



P.O. BOX 7192 P.O. BOX 7192 GARDEN CITY GA 31418 GARDEN CITY GA 31418		P.O. BOX 7192 GARDEN CITY GA 31418			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 06/10/1992		
Principal Place of Business     2a. Mailing Address						pplied For	
21 26					30 10 100 10	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			-		1.5 Codificate of Status Desired	- \$8.75 Additional Fee Required	
City & State         City & State           23         28						\$5.00 May Be Added to Fees	
Zip	Country 25	Zip 29 3	Country		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes	□No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81 Name			
BECKWITH, J. D 4221 BAY MEADOWS ROAD				Street A	Address (P.O. Box Number is Not Acceptable)		
	SUITE 11			<del> </del>			
JACKSONVILLE FL 32217			L	Cit.	85 Zip	Code	
		•	84	] - 7	FL   T		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the at				e-named e	corporation submits this statement for the purpose of changing its	s 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 agen	t and title if applicable. (NOTE: R	legistered Age	nt signature re	equired when reinstating) DATE		
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		
TITLÉ	P	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition	
NAME	BAKER, ROBERT BRUCE		1.2 NAME				
STREET ADDRESS	s 120 PINDER POINT ROAD 13			T ADORESS	·	}	
CITY-ST-ZIP	1 0111111111111111111111111111111111111		1.4 CITY- S	T-ZIP			
TITLE	S DELETE 2.1		2.1 TITLE		☐ Change	☐ Addition	
NAME	DAVIS, ALTON G. 22		2.2 NAME			į	
STREET ADDRESS	106 E. 60TH ST.			TADDRESS		j	
CITY-ST-ZIP	SAVANNAH GA		2. 4 CITY-	ST-ZIP			
TITLE	D DELETE 3.1				☐ Change	Addition	
NAME.	BECKWITH, J. D						
STREET ADDRESS	AND DAY MEADOWN DOAD OUTE 44			T ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 34.			ST-ZIP			
TITLE	V □ DELETE 4.1		4.1 TITLE		☐ Change	☐ Addition	
NAME	GRINER, RICHARD D.		4. 2 NAME	1		Í	
STREET ADDRESS	5 OFFSHORE RD.		4.3 STREE	T ADORESS		ŀ	
CITY-ST-ZIP	SAVANNAH GA		4.4 CITY-5	T- ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition	
NAME			5.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			5.4 CITY-5	T-ZIP		■ 6 alaba =	
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition	
NAME			6.2 NAME			ł	
STREET ADDRESS				T ADDRESS		ļ	
CITY-ST-ZIP			6.4 CfTY-5	T-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:

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR