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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

FILED
Apr 12 1996 8:00 am
Secretary of State

DOCUMENT # **P93000028546 (8)**

1. Corporation Name
**CLOSE QUARTERS, INC.**

Principal Place of Business
**715 5TH ST E**
**BRADENTON FL 34208**
**US**

Mailing Address
**7603 18TH AVE. N.W.**
**BRADENTON FL 34625**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | County 25

2a. Mailing Address
26 3365 RAMBLEWOOD PL
Suite, Apt. # etc.
27
City & State
28 SARASOTA, FL
Zip 29 34237 | County 30

3. Date Incorporated or Qualified: **04/16/1993**
3a. Date of Last Report: **03/15/1995**

4. FEI Number: **65-0402993** ☐ 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. The corporation is liable for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BAKER, MICHAEL**
**7603 18 AVE. N.W.**
**BRADENTON FL 34625**

10. Name and Address of New Registered Agent

81 Name: Michael W. BAKER
82 Street Address (P.O. Box Number is Not Acceptable): 3365 RAMBLEWOOD PL
83
84 City: SARASOTA FL 85 Zip Code: 34237

11. Pursuant to the provisions of Section 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | D | ☐ DELETE |
| NAME | BAKER, MICHAEL | |
| STREET ADDRESS | 7603 18 AVE. N.W. | |
| CITY-ST-ZIP | BRADENTON FL 34205 | |
| TITLE | D | ☐ DELETE |
| NAME | BAKER, ERIN E. | |
| STREET ADDRESS | 7603 18 AVE. N.W. | |
| CITY-ST-ZIP | BRADENTON FL | |
| TITLE | D | ☐ DELETE |
| NAME | BAKER, CARIL M | |
| STREET ADDRESS | 7603 18 AVE. N.W. | |
| CITY-ST-ZIP | BRADENTON FL 34205 | |
| TITLE | D | ☐ DELETE |
| NAME | BAKER, JOHN | |
| STREET ADDRESS | 7603 18 AVE. N.W. | |
| CITY-ST-ZIP | BRADENTON FL 34205 | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| 1-TITLE | | ☒ Change ☐ Addition |
| 1-NAME | | |
| 1-STREET ADDRESS | 3365 RAMBLEWOOD PL | |
| 1-CITY-ST-ZIP | SARASOTA, FL 34237 | |
| 2-TITLE | | ☒ Change ☐ Addition |
| 2-NAME | | |
| 2-STREET ADDRESS | 3365 RAMBLEWOOD PL | |
| 2-CITY-ST-ZIP | SARASOTA FL 34237 | |
| 3-TITLE | | ☒ Change ☐ Addition |
| 3-NAME | | |
| 3-STREET ADDRESS | 3365 RAMBLEWOOD PL | |
| 3-CITY-ST-ZIP | SARASOTA, FL 34237 | |
| 4-TITLE | | ☒ Change ☐ Addition |
| 4-NAME | | |
| 4-STREET ADDRESS | 3365 RAMBLEWOOD PL | |
| 4-CITY-ST-ZIP | SARASOTA, FL 34237 | |
| 5-TITLE | | ☐ Change ☐ Addition |
| 5-NAME | | |
| 5-STREET ADDRESS | | |
| 5-CITY-ST-ZIP | | |
| 6-TITLE | | ☐ Change ☐ Addition |
| 6-NAME | | |
| 6-STREET ADDRESS | | |
| 6-CITY-ST-ZIP | | |

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this Profit Corporation Annual Report does not qualify for the exemptions 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 with an arrow for change (or on an attachment with an arrow).

**SIGNATURE:** Michael Baker MICHAEL BAKER 4/8/96 941-3160356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number