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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 P93000046958 (3) DOCUMENT #

R. C. BAUMANN ENTERPRISES, INC.

## **FILED** May 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						I ISSUES IN ISIOS INII OSIN OSIN SONI SONI		ME (0)1 1301
339 ANCHOR FORT PIERCE		339 ANCHOR WAY FORT PIERCE FL 3494	339 ANCHOR WAY FORT PIERCE FL 34946		DO NOT WRITE IN TI	HIS SPACE		
						3. Date incorporated or Qualified 07/02/1993		
2. Principal Pl	ace of Business	2a. Mailing Address	2a, Mailing Address			4. FEI Number	Ar	plied For
21		26				59- <u>3191279</u>		ot Applicable
Sulte, Apt.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired Seried Series Seri		
City & State		City & State	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Coul	ntry		8. This corporation owes or has paid the		
24	25	29	30]	0]		Personal Property Tax due June 30. X Yes No  10. Name and Address of New Registered Agent		
000	9, Name and Address of Cu	rrent Hegistered Agent		10, Name and Address of New Registered Agent				
	UMANN, ROBERT C		İ	ا'`	Mante			
	ANCHOR WAY RT PIERCE FL 34946				Street Addr	ress (P.O. Box Number is Not Acceptable)		
				83	City		los l 7in	Code
				84	City		FL 85 Zip	Code
11. Pursuant to the provisions of Socilons 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								
				Age	nt signature requir	red when reinsleting) DA ADDITIONS/CHANGES TO OFFICERS		OC IN 10
12.				1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
NAME	EDOCIA MANATT O							
STREET ADDRESS	339 ANCHOR WAY			1.2 NAME 1.3 STREET ADDRESS				
CITY-ST-ZIP	FORT PIERCE FL		1.4 00					
TITLE	D	2.1 10				☐ Change	Addition	
NAME	BAUGHMAN, NANCY A	☐ DELETE		2.2 NAME			_ •	
STREET ADDRESS	339 ANCHOR WAY				ADDRESS			
CITY-ST-ZIP	FORT PIERCE FL 34946				ST - ZIP			İ
TITLE		☐ DELETE		3.1 TITLE			Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 ST	3.3 STREET ADDRESS				
CITY-ST-ZIP				<u> 17</u> -9	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE				☐ Change	Addition
NAME			4. 2 N/	AME				
STREET ADDRESS			4.3 ST	REET	ADDRESS			
CITY-ST-ZIP			4.4 Cf	Y-S	T-ZIP			
TITLE	DELETE 5.1		5.1 TH	LE			Change	Addition
NAME			5.2 NA	ME				
STREET ADDRESS			5.3 ST	AEET	ADDRESS			
CITY-ST-ZIP			5 4 CI		J-ZIP			1 1 1 1 1 1 1 1 1
FITLE	· [	☐ D£LETE	61 TH				☐ Change	Addition
NAME			6.2 NA					
STREET ADDRESS	শ্ব		6.3 ST	REET	ADDRESS			
CITY-ST-ZIP	and the the office of	and write their Oliver stands and a 1-10	6.4 CII			Section 119.07(3)(i). Florida Statutes, I furth	or portify that the	information
i 144. ineren√ o	ermy mai me information stipplic	eu with this filled goes hot guality	у кот инен ехе	o r ii )	aon siateo III.	LOGORIOTE LEGACIANE, FIUNDA ORRUGOS, FIUNDA	or corning that the	, novimbolivii

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.