## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996

STE 1225

ORLANDO FL 32801



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P93000061730	(6)
4 Cornoration Name		•

DAVID RHETT BAKER, P.A.

Principal Place of Business Mailing Address	201 C ODANGE AVE	OM C ADANGE AVE	
	Director Division Reconnect	Mailton Addrase	

STE 1225

ORLANDO FL 32801



3. Date Incorporated or Qualified 09/01/1993 3a. Date of Last Report 01/24/1995

2. Principal Pla	ce of Business	2a. Mailing Address			4, FEI Number		Applied For	
21		26		<b>59-3197074</b> Not Applicable				
Suite, Apt. #	l, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	<b>\$</b>	8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing	9 🗖	\$5.00 May Be	
23		28	<del> </del>		Trust Fund Contribution		Added to Fees	
$Z_{\mathbf{p}}$	Country	Zip	Count	У	8. This corporation has liability		nders 199.032,	
24	25	29	30			Yes No	<u></u>	
	9. Name and Address of Currer	it Registered Agent		1 Nome	10. Name and Address of Ne	w Registered Age	nt	
				81 Name				
BAKER, DAVID R			8	82 Street Address (P.O. Box Number is Not Acceptable)				
201 S ORANGE AVE			-	83				
STE 1225 ORLANDO FL 32801			ľ	3				
ORDAN	IDU FL 32001		8	4 City		FL	35 Zip Code	
11. Pursuant to the provisions of Sections 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	Syptemeric, typinal or printed marrie of registered agen-	and the diapple able (NO)	TE Registered A	ent signature required	when reinstating)	DATE		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO	OFFICERS AND DIE	RECTORS IN 12	
TILL	D	☐ DELETE	1, 1 TifL	£ [			Change 🔲 Addition	
NAMe	Baker, David R		1.2 NAM	£ .				
STREET AUDRESS	201 S ORANGE AVE #122	1.3 57		ET ADDRESS				
OITY ST-7IP	ORLANDO FL 32801		1.4 CifY	- ST - ZIP				
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STREET ADDRESS			2.3 STRE	ET ADDRESS				
CHY-ST-ZIP			24 CITY	- ST - ZIP			<del></del>	
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NAME			3.2 NAM	E				
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		Detter	6 2 NAM			L) '	words D vacation	
NAME CONTACT AND DECEC								
STREET ADORESS				ET ADDRESS				
CITY ST ZIP	I cy certify that the information supplied	with this films is voluntarily furn		- ST-ZIP nes not qualify fo	or the exemption stated in Section	119.07(3)(k) Florida	Statutes, I further	
cert-y that	the information indicated on this and Lam an officer or director of the corp a Block 12 or Block 13 if changed or	iual report or supplemental ann oration or the receiver or truste	ual report is e empowere	true and accurat d to execute this	e and that my signature shall have report as required by Chapter 60	the same legal effe	ect as if made under	