

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

FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000069822 (3)

1. Corporation Name
BAKER COUNTY PROPERTIES, INC.

Principal Place of Business 2 EAST MACCLENNEY AVENUE MACCLENNEY FL 32063 US	Mailing Address 2 EAST MACCLENNEY AVENUE MACCLENNEY FL 32063
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/07/1993	
4. FEI Number 59-3209301	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	27. City & State	28. City & State
23. Zip	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent

MALONEY, FRANK E JR.
2 EAST MACCLENNEY AVENUE
MACCLENNEY FL 32063

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
85. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
NAME	STEVES, GENE	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
STREET ADDRESS	ROUTE 2, BOX 182	2.1 TITLE	2.2 NAME
CITY-ST-ZIP	GLEN ST. MARY FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE	V	3.1 TITLE	3.2 NAME
NAME	CARR, RAY V	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
STREET ADDRESS	RT. 1 BOX 975-C	4.1 TITLE	4.2 NAME
CITY-ST-ZIP	MACCLENNEY FL 32063	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	T	5.1 TITLE	5.2 NAME
NAME	REGISTER, GEORGE E	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
STREET ADDRESS	ROUTE 2, BOX 200 GLEN ST. MARY	6.1 TITLE	6.2 NAME
CITY-ST-ZIP	GLEN ST. MARY FL	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
TITLE	S		
NAME	LUNDQUIST, INEZ		
STREET ADDRESS	RT. 1 BOX 4944		
CITY-ST-ZIP	GLEN ST. MARY FL		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-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

SIGNATURE

[Signature] George P. Davis

(S04) 215 112 111

CR2E034 (10/97)