

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P93000079921 (1)

95 JAN 18 PM 2:55

1. Corporation Name

BAKERY CONSULTING, INC.

Principal Place of Business

2202 N.E. 4TH STREET
7
BOYNTON BEACH FL 33435

Mailing Address

2202 N.E. 4TH STREET
7
BOYNTON BEACH FL 33435

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/15/1993

3a. Date of Last Report

01/24/1994

4. FEI Number

65-0454665

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

TUOVINEN, MARKKU J
2202 N.E. 4TH STREET
7
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P O Box Number is Not Acceptable)

83

84 City

FL

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 of the person who is the registered agent, and the corporation's secretary)

NOTE: Registered Agent signature required when no holding

Date

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

MARKKU TUOXINEN

STREET ADDRESS

2202 N.E. 4TH STREET #7

CITY, ST, ZIP

BOYNTON BEACH FL 33435

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE

☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE

☐ Change ☐ Addition

32 NAME

43 STREET ADDRESS

14 CITY, ST, ZIP

41 TITLE

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this statement is true and correct, and that I am not qualified for the exemption stated in Section 199.032(9)(b), 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 owner or holder of shares of the corporation, and that my name appears in Block 12 or Block 13 of this report, made in accordance with the provisions of Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, made in accordance with the provisions of Chapter 607, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Markku Tuovinen

01-10-1995

Date

407-069-0804

Signature of Secretary of State

Fax #