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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400003132 (5)

GEORGE F. BAXLEY INC. Principal Place of Business Mailing Address 1379 SE TOWNSEND BY AV ARCADIA FL-66881 PO BOX 1921 ARCADIA FL 00001-DO NOT WRITE IN THIS SPACE 34266 34265-1921 3. Date Incorporated or Qualified 01/13/1994 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0511895 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BAXLEY, GEORGE F 1379 SE TOWNSEND AQ A V 82 Street Address (P.O. Box Number is Not Acceptable) ARCADIA FL 83824 83 84 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition NAME BAXLEY, GEORGE F 1.2 NAME P.O. BOX 1921 STREET ADDRESS N/A 1.3 STREET ADDRESS **ARCHD**IA FL AACADIA CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition BAXLEY, DIANEE K NAME 2.2 NAME P.O. BOX 1921 STREET ADDRESS N/A 2.3 STREET ADDRESS ARCHDIA **archd**ia fl CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZiP DELETE TITLE Change ■ Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 

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 changes or a state hinter with an address.

6.4 CITY-ST-ZIP

- Garge F. BAYLOY L/ - 198

CIGNATURE:

CITY - ST - ZIP

- We

FILED Apr 24 1998 8:00am Secretary of State