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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000023942 (3)

RICHARD G. BAKER PAINTING, INC.

27311 WASHINGTON ST. HARBOUR HEIGHTS FL 33983 3. Date Incorporated or Qualified 03/28/1994 2. Principal Place of Business 2a. Mailing Address 2f	manus suranus est de la companio											
HARBOUR HEIGHTS FL 33983 HARBOUR HEIGHTS FL 33983PSI 2. Directed Floor of Educations 2. Milling Address 3. Date Incorporated or Qualified 56,011/1998 2. Directed Floor of Educations 2. Milling Address 4. FFT Number 4. Applied For Applied Floor 4. Applied Fl			Mailing Address	*							. 18111 2121	
Principal Pilaces of Hodrines 24. Molling Address 25. Molling Address 26. Mollin												
28 S. SAM ARL 8 of the Control of Status of St							•	•	lified			Report
Substance Substa		Place of Business									A	pplied For
27 Country 28 State Character Country 28 State Country 39		# atr					<u> </u>					
Country 29	η	. # CIC					5. Cer	tificate of Status Desire	ed [J ;		
Trust Fund Contribution Added to Figs Adde							♣ Elo	stion Compaign Finance	ina			
April	23		⊢ ¬ ′				1		-			
BAKER, RICHARD G 27311 WASHINGTON ST. HARBOUR HEIGHTS FL 33983 11. Page 64 City FL 85 Zip Code 12. Page 7. Pag		Country			Country				ty for inta	ingible ta:		
BAKER, RICHARD G 27311 WASHINGTON ST. HARBOUR HEIGHTS FL 33983 11. Pursuant to the prevelence of Sections 607.0502 and 607.1506, Florids Statutes, the above own corporation submits this statement for the purpose of changing its registered cilibro or registeres agent, or both, in the State of Florids Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered cilibro or registeres agent, or both, in the State of Florids Statutes, the above own corporation submits this statement for the purpose of changing its registered cilibro or registered segment of both, in the State of Florids Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. A	24			30								
### ARBOUR HEIGHTS FL 33983 ### City			int Registered Agent		1			me and Address of Ne	w Regis	tered Ag	ent	
HARBOUR HEIGHTS FL 33983 11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutas, the above-named corporation submits this statement for the purpose of changing its registered agent. I can whater with, and accept the obligations of Section 607,0505, Florida Statutas, the above-named corporation submits this statement for the purpose of changing its registered agent. I can whater with, and accept the obligations of Section 607,0505, Florida Statutas. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. Description is required winn revealable. 15. OFFICERS AND DIRECTORS 16. Thirty 17. NAME 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. BAKER, RICHARD G 19. Thirty 19. Description is required winn revealable. 19. Thirty Description is required winners. 29. Th					В1	Name						
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 repistered agent an architar with an accept the obligations of Section 607 0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 14. OFFICERS AND DIRECTORS 15. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 16. TARROUR HEIGHTS FL 33883 16. CITY ST. JP 18. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 19. TARROUR HEIGHTS FL 33883 16. CITY ST. JP 18. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 19. TARROUR HEIGHTS FL 33883 16. CITY ST. JP 18. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 19. TARROUR HEIGHTS FL 33883 16. CITY ST. JP 18. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 19. TARROUR HEIGHTS FL 33883 16. CITY ST. JP 18. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 19. TARROUR HEIGHTS FL 33883 16. CITY ST. JP 18. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 19. TARROUR HEIGHTS FL 33883 16. CITY ST. JP 18. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 19. TARROUR HEIGHTS FL 33883 18. CITY ST. JP 18. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 19. TARROUR HEIGHTS FL 33883 18. CITY ST. JP 19. TARROUR HEIGHTS FL 33883 18. CITY ST. JP 19. TARROUR HEIGHTS FL 33883 19. CITY ST. JP 19. Change Addition 19. Chan					62	Street	Address (P.O. I	Box Number is Not Acc	eptable)			
11. Pursuant to the provisions of Scotions 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 Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent from frontiar with, and accept the obligations of Sociological Statutes. SIGNATURE STATUTE 12. OFFICERS AND DIRECTORS 13. ADDITIONS(CHANGES TO OFFICERS AND DIRECTORS IN 12 13 TITLE D BAKER, RICHARD G 27311 WASHINGTON ST. 13. STREET ADDRESS CITY-ST-2P BAKER, RICHARD G 27311 WASHINGTON ST. 13. STREET ADDRESS CITY-ST-2P D BAKER, RICHARD G 27311 WASHINGTON ST. 14. STREET ADDRESS CITY-ST-2P D BAKER, NONNA L 27311 WASHINGTON ST. 14. STREET ADDRESS CITY-ST-2P D BAKER, DONNA L 27311 WASHINGTON ST. 14. STREET ADDRESS CITY-ST-2P DELETE 11 TITLE C Change Addition DELETE 11 TITLE C Change Addition STREET ADDRESS CITY-ST-2P 1011 102 DELETE 11 TITLE C Change Addition STREET ADDRESS CITY-ST-2P 103					83							
11. Pursuant to the provisions of Sections 607 (5002 and 607 (5008, Florida Statutes, the above-named corporation's submits this statement for the purpose of changing its registered agric or presipered agric to the obligations of socion 607 (5005, Florida Statutes, submits this statement for the purpose of changing its registered agric or presipered agric or presi					84	City				FI.	85 Zip	Code
SCINATION Springer product incommend the diagnosation of required time of registered time of registered time of registered time in registered agent separate registered when ternating) DATE	11. Pursuan	t to the provisions of Sections 607.05	02 and 607.1508, Florida Sta	itutes, the at	oove	-named	corporation sul	bmits this statement for	r the purp		nanging i	its registered
SCINATION Springer product incommend the diagnosation of required time of registered time of registered time of registered time in registered agent separate registered when ternating) DATE	office or agent 1.	registered agent, or both, in the Stat am familiar with, and accopt the obli	e of Florida. Such change wa gations of, Section 607,0505.	as authorized Florida Stati	d by utes	the cor	poration's board	d of directors. I hereby	accept th	ne appoin	itment as	s registered
12. OFFICERS AND DIFECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 12		,										
BAKER, RICHARD G STREET ADDRESS CITY_ST_2IF THE BAKER, RICHARD G 27311 WASHINGTON ST. HARBOUR HEIGHTS FL 33983 DELETE 21 TITLE 1 DELETE 21 TITLE 22 STREET ADDRESS CITY_ST_2IF THE BAKER, DONNA L 27311 WASHINGTON ST. HARBOUR HEIGHTS FL 33983 DELETE 21 TITLE 22 STREET ADDRESS CITY_ST_2IF THE 32 STREET ADDRESS CITY_ST_2IF THE 32 STREET ADDRESS CITY_ST_2IF THE 33 STREET ADDRESS CITY_ST_2IF THE 34 CITY_ST_2IF THE 35 STREET ADDRESS CITY_ST_2IF THE 3		Signature, typed or printed name of registered a	gent and title if applicable. (f	NOTE: Registered	Age	nt signature						
BAKER, RICHARD G STREET ADDRESS CITY-ST-2P THE D BAKER, DONNA L STREET ADDRESS CITY-ST-2P BAKER BAKER ADDRESS CITY-ST-2P BAKER BAKER ADDRESS CITY-ST-2P BAKER ADDRESS				13.			ADD	ITIONS/CHANGES TO	OFFICER			
STREET ADDRESS CITY-S1-7E THE BAKER, DONNA L STREET ADDRESS CITY-S1-7E BAKER, DONNA L STREET ADDRESS CITY-S1-7E BAKER, DONNA L STREET ADDRESS CITY-S1-7E THE CRAPBOUR HEIGHTS FL 33983 2 ADTY-S1-7E THE CRAPBOUR HEIGHTS FL 33983 3 STREET ADDRESS CITY-S1-7E THE CRAPBOUR HEIGHTS FL 33983 2 ADTY-S1-7E THE CRAPBOUR HEIGHTS FL 33983 3 STREET ADDRESS CITY-S1-7E THE CRAPBOUR HEIGHTS FL 33983 2 ADTY-S1-7E THE CRAPBOUR HEIGHTS FL 33983 3 STREET ADDRESS CITY-S1-7E THE CRAPBOUR HEIGHTS FL 33983 2 ADTY-S1-7E THE CRAPBOUR HEIGHTS FL 33983 3 STREET ADDRESS CITY-S1-7E THE CRAPBOUR HEIGHTS FL 33983 4 ADTY-S1-7E THE CRAPBOUR HEIGHTS FL 33983		\ -	L DELETE	1.1 10	TLF					L	J Change	Addition
TITLE D D DELETE 21 TITLE Change Addition NAME SAKER, DONNA L 27311 WASHINGTON ST. 42 STREET ADDRESS CHY ST-7P TITLE DELETE 31 TITLE Change Addition NAME STREET ADDRESS CHY ST-7P TITLE DELETE 31 TITLE Change Addition NAME STREET ADDRESS CHY ST-7P TITLE DELETE 41 TITLE Change Addition NAME STREET ADDRESS CHY ST-7P TITLE DELETE 41 TITLE Change Addition NAME STREET ADDRESS CHY ST-7P TITLE DELETE 51 TITLE Change Addition NAME STREET ADDRESS CHY ST-7P TITLE DELETE 51 TITLE Change Addition NAME STREET ADDRESS CHY ST-7P TITLE DELETE 51 TITLE Change Addition NAME STREET ADDRESS CHY ST-7P TITLE DELETE 51 TITLE DELETE BADDRESS CHY ST-7P TITLE DELETE STANDERS CHY ST-7P TITLE DELET		•		1.2 NA	ME							
DELETE DELETE Change Addition			٥						• 1			
BAKER, DONNA L STREET ADDRESS CITY-SI-ZIP THE		. k				T-ZIP			····		1 600000	Labelian
27311 WASHINGTON ST.		1 -	ריין טניניני	1						L_) Grange	M MOUITON
CITY_ST_ZIP TITLE DELETE 31 TITLE 32 NAME 33 STREET ADDRESS CITY_ST_ZIP TITLE DELETE 41 TITLE Change Addition NAME ASTREET ADDRESS CITY_ST_ZIP TITLE DELETE 41 TITLE Change Addition NAME 42 NAME 42 NAME 43 STREET ADDRESS CITY_ST_ZIP TITLE DELETE 44 CITY_ST_ZIP TITLE DELETE 51 TITLE DELETE 51 TITLE Change Addition NAME STREET ADDRESS CITY_ST_ZIP TITLE DELETE 51 TITLE CHANGE Addition NAME STREET ADDRESS CITY_ST_ZIP TITLE DELETE 61 TITLE DELETE 61 TITLE CHANGE Addition NAME STREET ADDRESS CITY_ST_ZIP TITLE DELETE 61 TITLE CHANGE Addition NAME 14 T do 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 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 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 supplied annual report or trustee empowered to execute this report as required by Chapter 607. Florida Statutes can that my name and floor or diffector of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes: and flat my name and floor or diffector of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes: and flat my name and floor or diffector of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes: and flat my name				1		ADDREAD.				•		
THE			3									
NAME SHEET ADDRESS City-St-ZiF THE DELETE 41 THE Change Addition NAME STEET ADDRESS CITY-St-ZiF THE DELETE 41 THE ADDRESS CITY-St-ZiF THE DELETE 51 THE Change Addition NAME STEET ADDRESS CITY-St-ZiF THE DELETE 51 THE Change Addition NAME STEET ADDRESS CITY-St-ZiF THE DELETE 51 THE Change Addition NAME STEET ADDRESS CITY-St-ZiF THE DELETE 51 THE Change Addition NAME STEET ADDRESS STEET ADDRESS STEET ADDRESS STEET ADDRESS CITY-St-ZiP THE ADDRESS CITY-St-ZiP THE ADDRESS CITY-St-ZiF TH		111100111110111011				SI - ZIP	 				1 Channe	Addition
STREET ADDRESS City-St-29P TITLE DELETE 41 TITLE ADDRESS City-St-29P TITLE AL 2 NAME 4.2 NAME 4.3 STREET ADDRESS City-St-29P TITLE DELETE 51 TITLE Change Addition Addition NAME ACTIV-St-29P TITLE DELETE 51 TITLE Change Addition NAME STREET ADDRESS CITY-St-29P TITLE DELETE 51 TITLE Change Addition NAME STREET ADDRESS CITY-St-29P TITLE DELETE 61 TITLE Change Addition NAME 62 NAME 63 STREET ADDRESS CITY-St-29P TITLE DELETE 61 TITLE Change Addition NAMI ADDRESS CITY-St-29P TITLE DELETE 61 TITLE Change Addition NAMI ADDRESS CITY-St-29P TITLE DELETE 61 TITLE Change Addition NAMI ADDRESS CITY-St-29P TITLE			—							ι	, onango	, tooman
City: \$1.70F THE						ADDRESS						
THE DELETE 41 THE Addition NAME SIRECT ADDRESS CHY: ST-ZIP THE DELETE 51 THE 52 NAME STREET ADDRESS CHY: ST-ZIP THE 52 NAME STREET ADDRESS CHY: ST-ZIP THE 52 NAME STREET ADDRESS CHY: ST-ZIP THE 54 CHY: ST-ZIP THE 64 CHY: ST-ZIP THE 65 NAME STREET ADDRESS CHY: ST-ZIP THE 66 CHY: ST-ZIP THE 67 CHANGE STREET ADDRESS CHY: ST-ZIP THE 67 CHANGE STREET A												
STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE DELETE 5.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition Addition NAMI STREET ADDRESS CITY-ST-ZIP TITLE S.3 STREET ADDRESS CITY-ST-ZIP TITLE S.4 CITY-ST-ZIP TITLE S.4 CITY-ST-ZIP TITLE S.5 STREET ADDRESS CITY-ST-ZIP TITLE S.5 STREET ADDRESS CITY-ST-ZIP TITLE S.6 CITY-ST-ZIP TITLE S.7 STREET ADDRESS			DELETE								Change	Addition
GITY ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAMI STREET ADDRESS CITY ST-ZIP TITLE 5.2 NAME 5.3 STREET ADDRESS CITY ST-ZIP TITLE 6.1 TITLE 6.3 STREET ADDRESS CITY ST-ZIP 1.4. I do hereby certify that the information supplied with this filling 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	NAME			4. 2 N⁄	AME							
THE DELETE 5.1 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP THE DELETE 6.1 TITLE 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP DELETE 6.1 TITLE 6.3 STREET ADDRESS CITY-ST-ZIP 1.4 I do hereby certify that the information supplied with this filling 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	STREET ADDRESS			4.3 \$T	REET	ADDRESS						
NAME STREET ADDRESS CITY ST 2B TITLE DELETE 61 TITLE 61 TITLE 61 TITLE 62 NAME STREET ADDRESS CITY ST - ZIP 14. I do hereby certify that the information supplied with this filling 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	CITY-ST-ZIF			4.4 Ci	TY-\$1	T- ZIP						
SHEET ADDRESS CITY ST 2IF DELETE 5.3 STREET ADDRESS CITY ST - ZIP DELETE 6.1 TITLE 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS CITY ST - ZIP 14. I do hereby certify that the information supplied with this filling 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	TITLE		☐ DELETE	5.1 TIT	ΊL€						Change	Addition
CITY ST 28 DREET ADDRESS CITY ST - ZIP 1.1 Ido hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes I further certify that the information or the receiver or trustee empowered to execute this report as required 607. Florida Statutes and that my name	NAME			5.2 NA	ME							
DELETE 61 TITLE 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS CITY: ST-ZIP 14. I do 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	STREET ADORESS			5.3 ST	REET	ADDRESS						
NAMI STREET ADDRESS CITY_ST=ZIP 14. I do hereby certify that the information supplied with this filling 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	CITY ST ZIF			5.4 CH	TY-SI	T-ZIP	ļ	····				
STREET ADDRESS CITY ST-ZIF 14. If do hereby certify that the information supplied with this filling 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	THE		DELETE	61 TIT	ſL€						J Change	Addition
64 CITY-ST-ZIP 14. I do 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	NAME			6.2 NA	ME							
14. I do 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	STREET ADORESS			6.3 ST	REET.	address						
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			1 55 5 65									
land 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	informat:	on indicated on this annual report or	i supplemental annual report i	is true and a	CCU	rate and	that my signat	ure shall have the same	e legal el	ffect as if i	made un	rder oath: that
	Lam an i	officer or director of the corporation o	or the receiver or trustee emp	lowered to e	xec	ute this	report as requir	ed by Chapter 607, Flo	rida Stati	utes; and	that my	name

HERICHARDG. BAKER 4-7-97

FILED

Apr 15 1997 8:00am

Secretary of State

- I MAGILARI MIR (BUI) ATRIL ARRIY BANK BANK BANK BANK HORR KINA HING HORR KANA