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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000031353 (3)

R. W. BAKER CONSTRUCTION, INC.

FILED May 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 740 DAVIS ROAD 740 DAVIS ROAD **CORAL GABLES FL 33143** CORAL GABLES FL 33143 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/22/1994 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0502719 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing \Box 23 Trust Fund Contribution Added to Fees 28 Zip Country Zio Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ZEMLOCK, ALBERT **19 W FLAGLER STREET** 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33130** 83 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. Thereby accept the appointment as registered agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typod or priofod name of regelered agest and life if applicable (NO?) Registered Agent's gnature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 TITLE BAKER, ROBERT W NAME 1.2 NAME 740 DAVIS ROAD STREET ADDRESS 1.3 STREET ADDRESS CORAL GABLES FL 33143 CITY-ST-ZIP 1.4 CITY-ST-2IP DELETE ☐ Addition 2.1 TITLE Change TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Addition 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP Change DELETE Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CHY-S1-ZIP CITY-ST-7IP

14. Thereby certify that the information supplied with this filling does not qualify for the exemption slated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is 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 attagriment with an address.

ell-ckist