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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # **P94000032737 (6)**

1. Corporation Name
**W. J. BAUER INCORPORATED**

| Principal Place of Business | Mailing Address |
|---|---|
| 20011 EMERALD COAST PKWY<br>DESTIN FL 32541<br>US | POB 1659<br>DESTIN FL 32540-1659 |

3. Date Incorporated or Qualified: 04/27/1994
3a. Date of Last Report: 04/29/1996

2. Principal Place of Business
21 1500 W. FAIRBANKS
22 Suite, Apt. #, etc.
23 City & State: WINTER PARK FL
24 Zip: #@&( )
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 59-3253275 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**
**1201 HAYES ST**
**STE 105**
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name: NRAI SERVICES, INC.
82 Street Address (P.O. Box Number is Not Acceptable)
83: 526 E. PARK AVENUE
84 City: TALLAHASSEE FL 85 Zip Code: 32301

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: C. Baclet, Vice President 04/17/97
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 / STREET ADDRESS / CITY-ST-ZIP | P<br>FERRILL, CLAYTON<br>1019 EAST ALTAMONTE DRIVE<br>ALTAMONTE SPRINGS FL | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>CHRISTENSEN, MARY G.<br>20011 EMERALD COAST HIGHWAY<br>DESTIN FL | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | T<br>MARY G. CHRISTENSEN<br>20011 EMERALD COAST PKWY<br>DESTIN, FL 32541 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CHRISTENSEN, ROBERT L.<br>20011 EMERALD COAST HIGHWAY<br>DESTIN FL | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | S<br>KIMBERLY S. MODLIN<br>20011 EMERALD COAST PKWY<br>DESTIN FL 32541 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>EARLES, CHARLES E.<br>20011 EMERALD COAST HIGHWAY<br>DESTIN FL | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>TRESSE, HARRY<br>427 N. 38TH STREET<br>WACO TX | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>MORRIS, LARRY<br>2105 SUNNYBROOK<br>TYLER TX | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (9/96)

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 appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Kimberly S. Modlin Kimberly S. Modlin 4/28/97 904-837-8820