## 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 # P940 1. Corporation Name BAKER METAL WORKS, INC. P94000037766 (0)

Feb 27 1998 8:00am Secretary of State

**FILED** 

| Principal Place of Business Mailing Address  |                        |                         |                  |                     |                |                         |                 | -                                     | FAFA <b>Brand</b> and                                  |                 | MU URI MUU      |                   |
|--|------------------------|-------------------------|------------------|---------------------|----------------|-------------------------|-----------------|---------------------------------------|--|-----------------|-----------------|-------------------|
| 5788 HWY 4   |                        |                         |                  | 5788 HWY 4          |                |                         |                 |                                       |  |                 |                 |                   |
| BAKER FL 32531   |                        |                         |                  | BAKER FL 32531      |                |                         |                 |                                       | DO NOT WRITE IN THIS SPACE                             |                 |                 |                   |
|  |                        |                         |                  |                     |                |                         |                 |                                       | 3. Date Incorporated or Qualified                      |                 | OI AOL          |                   |
|  |                        |                         |                  |                     |                |                         |                 |                                       | 05/16/1994   |                 |                 |                   |
| 2. Principal P   | lace of Busin          | ness                    |                  | 2a. Mailing Address |                |                         |                 |                                       | 4. FEI Number  |                 | Ar              | oplied For        |
| 21   |                        |                         |                  | 26                  |                |                         |                 |                                       | 59-3245851   |                 |                 | ot Applicable     |
| Suite, Apt.  | #, etc.                |                         | ļ                | Suite, Apt. #, etc. |                |                         |                 |                                       | 5. Certificate of Status Desired                       |                 | <b>+</b>        | Additional        |
| City & State   |                        |                         |                  | City & State        |                |                         |                 | · · · · · · · · · · · · · · · · · · · | A Florida A series Francisco                           |                 | <del></del>     | equired           |
| 23   |                        |                         |                  | 28                  |                |                         |                 |                                       | 6. Election Campaign Financing Trust Fund Contribution |                 |                 | May Be<br>to Fees |
| Zip  |                        | Country                 |                  | Zip Coul            |                |                         | y               |                                       | 8. This corporation owes or has p                      | aid the cu      |                 |                   |
| 24   | 25                     |                         | 29               |                     |                | 30                      |                 |                                       | Personal Property Tax due June 30. 🔀 Yes 🔲 N           |                 | ] No            |                   |
|  | ·                      | and Address of          | Current Reg      | istered Age         | nt             |                         | т-              | N                                     | 10. Name and Address of New R                          | egistered       | Agent           |                   |
| BRUNSON, J M<br>5788 HWY 4   |                        |                         |                  |                     |                | 6                       | 81 Name         |                                       |  |                 |                 |                   |
|  | 18 MW 1 4<br>KER FL 32 | E21                     |                  |                     |                | 6:                      | 2               | Street Addres                         | ss (P.O. Box Number is Not Accepta                     | ble)            |                 |                   |
| المحا  | NUM FL DE              | <b>93</b> 1             |                  |                     |                | 6:                      | 3               |                                       | <del></del>  |                 |                 |                   |
|  |                        |                         |                  |                     |                |                         | _               |                                       |  |                 | 11 -            |                   |
|  |                        |                         |                  |                     |                | 84                      | 4               | City                                  |  | Fi              | <b>85</b> Zip   | Code              |
| 11. Pursuant   | to the provis          | ions of Sections        | 607.0502 and     | 607.1508, F         | lorida Statut  | es, the abo             | ve-I            | named corpo                           | ration submits this statement for the                  | purpose o       | of changing i   | ts registered     |
| 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  |                        |                         |                  |                     |                |                         |                 |                                       |  |                 |                 |                   |
| 12.  | Signature, typed       | For printed name of reg | ERS AND DIF      |                     | (NO1           | L: Registered A         | gont            | signature required                    | ADDITIONS/CHANGES TO OFFI                              | DATE<br>CERS AN | D DIRECTOR      | RS IN 12          |
| TITLE  |                        | 0,110                   |                  |                     | DELETE         | 1.1 TITLE               |                 |                                       | ,                |                 | Change          | ☐ Addition        |
| NAME   | BRUNSON, J M           |                         |                  |                     |                |                         |                 |                                       |  |                 |                 |                   |
| STREET ADDRESS   |                        |                         |                  | 1.3                 |                |                         | ET A!           | DORESS                                |  |                 |                 |                   |
| CITY-ST-ZIP  | BAKER                  | FL 32531                |                  | - Locari            |                |                         | 1.4 CITY-ST-ZIP |                                       |  | <del></del>     |                 |                   |
| TITLE  |                        |                         |                  | · ·                 |                |                         | 2.1 TITLE       |                                       |  |                 | Change          | Addition          |
| NAME   |                        |                         |                  |                     |                | 2.2 NAME                |                 | 200000                                |  |                 |                 |                   |
| STREET ADDRESS<br>CITY-ST-ZIP  |                        |                         |                  |                     |                | 2.3 STREI<br>2. 4 CITY  |                 | - 1                                   |  |                 |                 |                   |
| TITLE  |                        |                         |                  |                     | DELETE         | 3.1 TITLE               |                 | <u> </u>                              | .,   | ****            | Change          | Addition          |
| NAME   |                        |                         |                  |                     |                | 3.2 NAME                | :               |                                       |  |                 |                 |                   |
| STREET ADDRESS   |                        |                         |                  |                     |                | 3.3 STREE               | ET AL           | DORESS                                |  |                 |                 |                   |
| CITY-ST-ZIP  |                        |                         |                  |                     | ·              | 3.4. CITY               |                 | - ZIP                                 |  |                 |                 |                   |
| TITLE  |                        |                         |                  | L                   | ] DELETE       | 4.1 TITLE               |                 |                                       |  |                 | Change          | Addition          |
| NAME   | ]<br>;                 |                         |                  |                     |                | 4. 2 NAM                |                 |                                       |  |                 |                 |                   |
| STREET ADORESS   |                        |                         |                  |                     |                | 4.3 STREI<br>4.4 CITY - |                 | 1                                     |  |                 |                 |                   |
| CITY-ST-ZIP<br>TITLE   |                        |                         |                  |                     | DELETE         | 5.1 TITLE               |                 | <u> </u>                              |  |                 | Change          | ☐ Addition        |
| NAME   |                        |                         |                  |                     |                | 5.2 NAME                |                 |                                       |  |                 |                 |                   |
| STREET ADDRESS   |                        |                         |                  |                     |                | 5.3 STREE               | ET AE           | DORESS                                |  |                 |                 | *                 |
| CITY-ST-ZIP  |                        |                         |                  |                     |                | 5.4 CITY-               | ST-             | ZIP                                   |  |                 |                 |                   |
| TITLE  |                        |                         |                  |                     | DELETE         | 6.1 TITLE               |                 |                                       |  |                 | Change          | Addition          |
| NAME   |                        |                         |                  |                     |                | 6.2 NAME                |                 |                                       |  |                 |                 |                   |
| STREET ADDRESS   | i<br>-                 |                         |                  |                     |                | 6.3 STREI               |                 | - 1                                   |  |                 |                 |                   |
| CITY-ST-ZIP  | nostific that th       | 1-4                     | arabood with the | n fding doop        | nal avality fo | 6.4 CITY                |                 |                                       | action 119 07/3Vi) Florida Statutes                    | Lituribara      | ortifu that the | information       |

Indicated on this annual report or supplication with this timing does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes. I further certify that the information indicated on this annual report is 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.