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FILED
Apr 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000058544 (4)

1. Corporation Name
BAKER FAMILY HOMES INC.

Principal Place of Business
4836 PINWOOD AVENUE
JACKSONVILLE FL 32257

Mailing Address
4836 PINWOOD AVENUE
JACKSONVILLE FL 32257



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/28/1995

4. FEI Number
59-3327534

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business
21 1808 Shoal Creek Circle
Suite, Apt. #, etc.

22 City & State
23 Green Cove Springs, FL

24 32043 25 USA

26 1808 Shoal Creek Circle
Suite, Apt. #, etc.

27 City & State
28 Green Cove Springs, FL

29 32043 30 USA

9. Name and Address of Current Registered Agent
BAKER, KATHERINE P - S -
4836 PINWOOD AVENUE
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent
81 Name Baker, Katherine P. (Same)
82 Street Address (P.O. Box Number is Not Acceptable)
1808 Shoal Creek Circle
83
84 City Green Cove Springs FL 85 Zip Code 32043

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME BAKER, KATHERINE P
STREET ADDRESS 4836 PINWOOD AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE VP
NAME BAKER, DANIEL A
STREET ADDRESS 4836 PINWOOD AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE
NAME
STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Same officers
1.2 NAME New address
1.3 STREET ADDRESS 1808 Shoal Creek Circle
1.4 CITY-ST-ZIP Green Cove Springs, FL 32043

2.1 TITLE -S-
2.2 NAME -S-
2.3 STREET ADDRESS 1808 Shoal Creek Circle
2.4 CITY-ST-ZIP Green Cove Springs, FL 32043

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

7.1 TITLE
7.2 NAME
7.3 STREET ADDRESS
7.4 CITY-ST-ZIP

8.1 TITLE
8.2 NAME
8.3 STREET ADDRESS
8.4 CITY-ST-ZIP

9.1 TITLE
9.2 NAME
9.3 STREET ADDRESS
9.4 CITY-ST-ZIP

10.1 TITLE
10.2 NAME
10.3 STREET ADDRESS
10.4 CITY-ST-ZIP

11.1 TITLE
11.2 NAME
11.3 STREET ADDRESS
11.4 CITY-ST-ZIP

12.1 TITLE
12.2 NAME
12.3 STREET ADDRESS
12.4 CITY-ST-ZIP

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY-ST-ZIP

14.1 TITLE
14.2 NAME
14.3 STREET ADDRESS
14.4 CITY-ST-ZIP

15.1 TITLE
15.2 NAME
15.3 STREET ADDRESS
15.4 CITY-ST-ZIP

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 changed, or on an attachment with an address.

SIGNATURE Katherine P. Baker 3-25-98 001-284-0001

CR2E034 (10/97)