FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90091 024 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000058544

BAKER FAMILY HOMES INC.

Principal Place of Business Mailing Address						\$ INCIDENTIAL SPIRE RESIDENCE DES		HINI HOLDS MESSE M	HUIT BIBE 1441	
	REEK CIR PRINGS FL 32043	1808 SHOAL CREEK CIR GREEN COVE SPRINGS FL 32043			DO NOT WRIT	F IN THIS	SPACE			
US US						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
						07/28/1995				
2. Principal Place of Business 2a. Mailing Address				_		4. FEI Number		Apr	plied For	
21 26						59-3327534		No	t Applicable	
Suite, Apt. #, etc. Suite, Apt. #,			etc.					\$8:75 A	dditional	
22						5. Certifcate of Status Desired		Fee Re	quired	
City & State City & State						6. Election Campaign Financing		\$5.00	May Be	
28						Trust Fund Contribution	<u></u>	Added to	o Fees	
			Countr	C. This supercurs are surely s						
24	25 29 30					Personal Property Tax.			₩No	
	9. Name and Address of Current	Registered Agent	1 N	1	10. Name and Address of New R	egistered .	Agent			
DAVED MATHERINE D					Name					
BAKER, KATHERINE P 1808 SHOAL CREEK CIR GREEN COVES SPRINGS FL 32043				2 S	Street Addres	t Address (P.O. Box Number is Not Acceptable)				
				<u>.</u> _						
GREEN COVES SI MINOS I E 32045			8:	3						
				4 C	City		FL	85 Zip C	Code	
100 CO 007 0500 and 007 4500 Final - Out 450					amed cornor	ation submits this statement for the	numose of	changing its	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 of directors. I hereby accept the appointment as registered										
agent. I am familiar with, and accept the obligations of, Section 697.0505, Florida Statutes.								Ì		
SIGNATURE	Signature, typed or printed name of registered agent	you to the i	ne.	L X	nature required v	yeer reinstating)	DATE	~	(
12.	OFFICERS ANI		13.		gridiano regonou y	ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12	
TITLE			1.1 TITLE					☐ Change	☐ Addition	
NAME	BAKER, KATHERINE P 12N		1.2 NAME	Ξ.		,			ì	
STREET ADORESS	and the same and the same and			ET ADI	DRESS				ļ	
CITY-ST-ZIP	ADDRESS AND ADDRESS PLANTAGE			ST-ZII	P					
TITLE			2.1 TITLE					☐ Change	Addition	
NAME	BAKER, DANIEL A 22N		2.2 NAME	•					}	
STREET ADDRESS				ETADI	DRESS]	
C/TY-ST-ZIP	The state of the s			-ST-Z	JP T	والمنظوم المنظم	- :			
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NAME	3.2		3.2 NAME	Ξ					ļ	
STREET ADDRESS			3.3 STRE	ETAD	DRESS				į	
CITY-ST-ZIP			3.4. CITY	·ST·Z	IP					
TITLE	☐ DELETE 4.1			4.1 TITLE				Change	☐ Addition	
NAME			4. 2 NAM	E					{	
STREET ADDRESS	4.31			ETAD	ORESS					
CITY-ST-ZIP			4.4 CITY-		P				T Addition	
TITLE			5.1 TITLE		1			Change	☐ Addition	
NAME			5.2 NAME						{	
STREET ADDRESS			5.3 STRE		į.					
CITY-ST-ZIP				ST-ZI	IP			Change	Addition	
TITLE		☐ DELETE	6.1 TITLE 6.2 NAME					☐ Griange	C) vitaliani	
The state of the s					, DDE-00					
STREET ADDRESS	Marine W. B. Land		6.3 STRE	E I ADI	IDKESS				1	

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 of 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 an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: (

STREET ADDRESS PARTY 1

CITY-ST-ZIP