## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #
1. Corporation Name P96000006099 (1)

BAKER COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

1189 MICHAEL AVENUE

1189 MICHAEL AVENUE

## **FILED** Feb 05 1998 8:00am Secretary of State



DELTONA FL 32738 DELTONA FL 32738 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/19/1996 Principal Place of Business Mailing Address Applied For Hickory Pd. 923 923 Hickory Pd. Not Applicable 21 26 59-3370727 Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Ocala Trust Fund Contribution Added to Fees Country This corporation owes or has paid the current year Intangible 30 Marion Marion 29 34472 24 34472 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BAKER, DOLL 1189 MICHAEL AVENUE Street Address (P.O. Box Number is Not Acceptable) **DELTONA FL 32738** 83 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. DOU BAKER JR. SIGNATURE OFFICERS AND DIRECTORS 13. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Change Addition NAME BAKER, DOLL J 1.2 NAME Doll Baker Ji 923 Hickory Rd 1189 MICHAEL AVENUE STREET ADDRESS 1.3 STREET ADDRESS DELTONA FL 32738 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE. Change Addition TITLE 2.1 TITLE NAME BAKER, DOLL J 2.2 NAME 1189 MICHAEL AVENUE 973 Hickory Nd. STREET ADDRESS 2.3 STREET ADDRESS **DELTONA FL 32738** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE ☐ Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP \_\_\_ DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE Change Addition: NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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:

E REQUIRED

1-23-98

352-680-1572