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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600060593

Corporation Name

BAXTER CUSTOM ENGINEERING, INC.

			·					
Principal Place	of Business	Mailing Address					ABILE Statt Abiet eitte	10108 11(1 1081
50 S DIXIE HW	· Y	50 S DIXIE HWY						
UNIT 9		UNIT 9						
ST AUGUSTINE FL 32095 ST AUGUSTINE FL 32095						DO NOT WRITE IN	THIS SPACE	
						3. Date Incorporated or Qualifed 07/18/1996		
2. Principal Pl	ace of Business	2a, Mailing Address				4. FEI Number	Ar	plied For
21		26				59-3132207		t Applicable -
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75	,
22		27				3.		equired
City & State	9	City & State				6. Election Campaign Financing	\$5.00	, ,
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current ye		No
24	25	29	30	г		Personal Property Tax.	Yes	No.
	9. Name and Address of Curren	t Registered Agent		81 N		10. Name and Address of New Registe	erea Agent	
BAY	rer, Joseph		ļ	ן ויט	Name			Ì
	DIXIE HWY		İ	<b>82</b> S	treet Addre	ess (P.O. Box Number is Not Acceptable)	<u> </u>	
UNIT				_ _				
	UGUSTINE FL 32095			83				}
SI #	OGOSTINE PE 32093		ŀ	84 C	City		85 Zip	Code
				<b>!</b>	•		FL   S	
11. Pursuant	to the provisions of Sections 607.050:	2 and 607.1508, Florida Statut	es, the at	bove-na	amed corpo	pration submits this statement for the purpo n's board of directors. I hereby accept the	se of changing its	registered
agent. I a	m familiar with, and accept the obligation	tions of, Section 607.0505, Flo	rida Statı	utes.	· oorporation	ing board of aircology. Thereby decapt the	- P	,
SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered agen		.: Registered	Agent sig	nature required	when reinstating) DA		
12.		ID DIRECTORS	13.		—т—	ADDITIONS/CHANGES TO OFFICER		
TITLE	DP	☐ DÉLETE	1.1 TiT	îLE			Change	☐ Addition
NAME	BAXTER, JOSEPH		1.2 NA	ME				Į
STREET ADDRESS	50 S DIXIE HWY UNIT 9		1.3 ST	REET AD	DRESS			Į
CITY-ST-ZIP	ST AUGUSTINE FL 32095	<u>,,,,</u>		TY-ST-ZII	Р			ì
TITLE		☐ DELETE	2.1 TIT					
NAME			2.7 711	TLE			Change	Addition
STREET ADDRESS			2.2 NA				Change	☐ Addition
CITY-ST-ZIP			2.2 NA		DRESS	· www.c	Change	Addition
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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 arm 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 champed, or on an attachment with an address, with all other like empowered.

SIGNATURE: