

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Aug 31 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 # P96000080449 (7)

1. Corporation Name

GAIL L. BAIRD & ASSOCIATES, INC.

DBA: Access USA

Principal Place of Business

7119 SOUTH TAMiami TRAIL
SUITE L
SARASOTA FL 34231
US

Mailing Address

7119 SOUTH TAMiami TRAIL
SUITE L
SARASOTA FL 34231
US

2. Principal Place of Business

21 1455 Tallerast Rd

Suite, Apt. #, etc.

2a. Mailing Address

26 1455 Tallerast Rd

Suite, Apt. #, etc.

City & State

23 Sarasota FL

Zip 34243 Country USA

City & State

28 Sarasota FL

Zip 34243 Country USA

9. Name and Address of Current Registered Agent

SILBERSTEIN, DAVID M
720 SOUTH ORANGE AVENUE
SARASOTA FL 34238

3. Date Incorporated or Qualified

09/27/1996

4. FEI Number

65-0701659

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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.

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 ~~PS~~ ☐ DELETE

NAME BAIRD, GAIL L
STREET ADDRESS 4041 CROCKER'S LAKE BLVD
CITY-ST-ZIP SARASOTA FL

TITLE ~~VPT~~ ☐ DELETE

NAME BAIRD, ERIC
STREET ADDRESS 4041 CROCKER'S LAKE BLVD
CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Gail Baird
1.3 STREET ADDRESS 4712 Ocean Blvd
1.4 CITY-ST-ZIP Sarasota, FL 34242

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME President
2.3 STREET ADDRESS Eric R. Baird
2.4 CITY-ST-ZIP 2061 Jefferson Circle
Sarasota, FL 34239

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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-09/01/98--01028--048
***550.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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:

SIGNATURE REQUIRED

8-21-98

(941)358-5201

CR2E034 (5/98)