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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Şandra B. Mortham

Secretary of State

## 1998 DIVISION OF CORPORATIONS

## **FILED** Mar 23 1998 8:00am Secretary of State

· ·	MENT # P96000 & BAKER SIGNS, INC.	0083810 (7)			110 A 411 M 40 D 11 M 41 A 61 A 70 D
Principal Place	e of Business	Mailing Address			
2063 AARON PLACE CLEARWATER FL 34620		2063 AARON PLACE CLEARWATER FL 34620			
				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	1
2. Principal Pi	lace of Business	2a, Mailing Address		10/07/1996 4. FEI Number	Applied For
21		26		59-3404714	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	0	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the co	
24	25		30	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Currer	t Registered Agent	81 Name	10. Name and Address of New Registered	1 Agent
	KER, WILLIAM D		o i warne		
	33 AARON PLACE EARWATER FL 34620			ress (P.O. Box Number is Not Acceptable)	
			83		
			84 City	F	85 Zip Code
SIGNATURE	Signature typod or printed name of rugistaried agr	Backet or and title if applicable [NOTE	Registered Agent signature requir	<u> </u>	8-98
12.	OFFICERS AN	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12  Change Addition
NAME .	BAKER, WILLIAM D		1.2 NAME		C Overige C Modition
STREET ADDRESS	2063 AARON PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34620		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-S1-ZIP	· · · · · · · · · · · · · · · · · · ·		2.4 CITY-ST-ZIP		
TITLE		☐ DEŁETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY - ST - ZIP		Change Addition
NAME		<b>2</b> ******	4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE	<u> </u>	☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		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 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. WILLIAM BAKER,

SIGNATURE: