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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000052228 (8)

HARRY A. BALDWIN, INC.

Principal Place of Business Mailing Address

FILED May 14 1998 8:00am Secretary of State



7200-10 NORMANDY BLVD JACKBONVILLE FL 32205			7200-10 NORMANDY BLVD JACKSONVILLE FL 32205			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 06/12/1997
, '	Place of Business	2a. Mailing Address	- 1			4. FEI Number Applied For
21		26				59 - 3451830 Not Applicable
Suite, Ap 22		Suite, Apt. #, etc.	27			5. Certificate of Status Desired See Required Fee Required
City & State		City & State	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	Country 25	Zip 29	30	ntry		8. This corporation owes or has paid the current year (ntangible Personal Property Tax due June 30. Yes X No
	9. Name and Address of Curr	ent Registered Agent		81	Name	10. Name and Address of New Registered Agent
	BALOWIN, HARRY A					
7200-10 NORMANDY BLVD JACK\$ONVILLE FL 32205				82	Street Ad	dress (P.O. Box Number is Not Acceptable)
				83		
l				84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the at office or registered agent, or both, in the State of Florida. Such change was authorized					the corpor	rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
	I am familiar with, and accept the obl	igations of, Section 607.0505, FI	orida Stat	utes	S.	
SIGNATURI	Signature, typied or pointed name of registered a	agent and title if applicable (NOI	TE Augistored	d Age	nt signature req	guired when reinstaling) DATE
12.		OFFICERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELÉTE	1.1 TITLE			Change Addition
NAME	BALDWIN, HARRY A 7200-10 NORMANDY BLVE		1.2 NAM			
STREET ADDRES	JACKSONVILLE FL 32205	,			ADDRESS	
CITY-ST-ZIP TITLE	JACKSONVILLE PL 32203			1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME			22 N		ŀ	
STREET ADDRES	28				ADDRESS	
CITY-ST-ZIP			2.4 C		ST-ZIP	
TITLE		☐ DELETE				☐ Change ☐ Addition
NAME			3.2 N/			
STREET ADDRESS			3.3 STREET AU		ADDRESS	
CITY-ST-ZIP		Therete	3.4. CITY - ST - ZIP		ST-ZIP	Change Addition
TITLE		[] DELETE	DELETE 4.1 TI			L] Change L_I Addition
NAME OVERET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		4 DODGGG	
STREET ADDRESS						
CITY-ST-ZIP TITLE	ZIP DELETE		_	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME				5.2 NAME		
STREET ADDRES	es l				ADDRESS	
CITY-ST-ZIP	~		5.4 CI			
TITLE		☐ DELETE				Change Addition
NAME		_	6.2 NAME			
STREET ADDRES	ss				ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filling 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.

-/ 12 P - 1 - 10 P - 1 P - 1 P - 1 P - 1 P - 1 P - 1 P - 1 P - 2 P