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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000076852

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90103 042 ***150.00

GARY L.	BAKER & ASSOCIATES,	Mailing Add							
3336 GLOUSTER STREET SARASOTA FL 34235 3336 GLOUSTER STREET SARASOTA FL 34235							DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualifed 09/04/1997		
Principal Place of Business 2a. Mailing Address					-		Applied For Not Applicable		
26 Suite, Apt. #, etc. Suite, Apt. #			pt. #, etc.	5.			5 Cortifocto of Status Decised S8.75	Additional Required	
City & Stat	e	27 City & S	City & State				6. Election Campaign Financing \$5.0	May Be	
23 Zip	Country	28 Zip		Coun	try		7 Trust Fund Contribution Added 8. This corporation owes the current year Intangible	d to Fees	
24	9. Name and Address of Curr	29 ent Registered Ac		30			Personal Property Tax. Yes 10. Name and Address of New Registered Agent	∑ No	
					81	Name		-	
Baker, Debra R 3336 Glouster Street Sarasota FL 34235				ļ.	82	Street Ad	Address (P.O. Box Number is Not Acceptable)		
				ŀ	83				
			1	84	City	FL 85 Zip Code			
SIGNATURE		gent and title if applicable.		13.		t signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECT		
TITLE	D Baker, Gary L		☐ DELETE	1.1 TITL 1.2 NAM			☐ Change	e	
STREET ADDRESS	3336 GLOUSTER STREET SARASOTA FL 34235			1.3 STR 1.4 CfT		ADDRESS			
TITLE	ON WILDOWN TE OTESO		DELETE	2.1 TITL	E		☐ Change	Addition	
NAME STREET ADDRESS					EET,	ADDRESS	· .		
CITY-ST-ZIP			☐ DELETE	2. 4 CIT 3.1 TITL		r-zip · · ·	Change	Addition	
NAME STREET ADDRESS				3.2 NAM 3.3 STR		ADDRESS			
CITY-ST-ZIP			[] DELETE	3.4. CIT	_	r-ZIP	☐ Changi	Addition	
NAME '			☐ DELETE	4.1 TITL 4.2 NAJ			_ crange		
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP			☐ DELETE	4.4 CITY 5.1 TITL		- ZIP	Change	e Addition	
NAME				5.2 NAM					
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP			☐ DELETE	5.4 CITY 6.1 TITL		-ZIP	☐ Change	e Addition	
TITLE NAME			T) DETEL	6.2 NAM			Grange		
STREET ADDRESS	l Edge in skip of the			6.3 STR	EET,	ADDRESS			
CITY-ST-ZIP				6.4 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 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 applicass, with all other like empowered.

SIGNATURE:

941-955-8104