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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 14 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000096873 (9)

R. K. BAIRD INVESTMENTS, INC.

H. K. B	AIMU INVESTMENTS, INC.				
Principal Place	e of Businoss	Mailing Address			
609 E. JACKSON STREET SUITE 200 TAMPA FL 33602		609 E. JACKSON STREE' SUITE 200 TAMPA FL 33602	Т	DO NOT WRITE IN T	HIS SPACE
IAMPA FL 33	ou z	18MFA FC 33002		3. Date incorporated or Qualified	
2. Principal P	face of Business	2a. Mailing Address		11/13/1997 4. FEI Number	Applied For
21		26		59-3417940	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	0	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	7 _{IP}	Country	Trust Fund Contribution 8. This corporation owes or has paid the	Added to Fees
24	25	29	30	Personal Property Tax due June 30.	Yes No
,	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Register	red Agent
HAI	LL, W C		81 Name		
4830 W. KENNEDY BOULEVARD			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	ITE 750		83		
TAP	MPA FL 33609		63		
			84 City		85 Zip Code
office or r agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the State or familiar with, and accept the oblig	e of Florida. Such chan ge wa s a	authorized by the corpora	poration submits this statement for the purpostion's board of directors. I hereby accept the	se of changing its registered
SIGNATURE	Signature, typod or printed nume of registered ad	ent and title if applicable (NOT	E: Registered Agent signature requi	red when reinstating) DA	TE
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	BAIRD, ROBERT K	***	1.2 NAME	that Para - Name	
STREET ADDRESS	909 E. JACKSON ST. STE.: TAMPA FL 83602	200°	1.3 STREET ADDRESS	4101 Brooke Delve Valeico. El 33594	
CITY-ST-ZIP TITLE	TAMIA TE OCOUE-	DELETE	1.4 CITY-S1-ZIP 2.1 TITLE	VIII-100, FL 33411	Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		Locusti	3.4. CITY-ST-ZIP		The state of the s
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME OTRETT ADDRESS			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS 4.4 CITY- ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE	·	Change Addition
NAME		<u> </u>	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		

64 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 address.