

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

045115

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 24, 1999 8:00 am
Secretary of State

05-24-1999 90022 022 ***150.00

DOCUMENT # P98000012458

1. Corporation Name

BAKER BUSINESS SOLUTIONS, INC.



Principal Place of Business

4650 ARLINGTON DR.
PLACIDA FL 33946

Mailing Address

4650 ARLINGTON DR.
PLACIDA FL 33946

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/06/1998

2. Principal Place of Business

21 1940 KINGS HWY

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State

PORT CHARLOTTE FL

24 Zip

33980

Country

25 U.S.A

27 City & State

28 Zip

29

Country

30

4. FEI Number

65-0814392

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 the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

BAKER, LISA A
11000 PLACIDA ROAD, UNIT 1101
PLACIDA FL 33946

10. Name and Address of New Registered Agent

81 Name

LISA A. BAKER

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

4650 ARLINGTON DR

83

84 City

Placida

FL

85 Zip Code

33946

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 D ☐ DELETE

NAME BAKER, LISA A
STREET ADDRESS 11000 PLACIDA ROAD, UNIT 1101
CITY-ST-ZIP PLACIDA FL 33946

TITLE D ☐ DELETE

NAME BAKER, GEORGE W
STREET ADDRESS 11000 PLACIDA ROAD, UNIT 1101
CITY-ST-ZIP PLACIDA FL 33946

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 P/F BAKER, LISAA
1.3 STREET ADDRESS 4650 ARLINGTON DR
1.4 CITY-ST-ZIP PLACIDA FL 33946

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME V/B BAKER, GEORGE W.
2.3 STREET ADDRESS 4650 ARLINGTON DR
2.4 CITY-ST-ZIP PLACIDA FL 33946

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LISA A. BAKER 4/21/99 941-743-2204

Date

Daytime Phone #

CR2E034 (11/98)