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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S00418

(1)

BAKER TRANSFER & DELIVERY, INC.

Principal Place of Business Maiting Address 2702 ROOSEVELT BLVD. 2702 ROOSEVELT BLVD. CLEARWATER FL 34620-2591 CLEARWATER FL 34820-2591 3. Date Incorporated or Qualified 3a. Date of Last Report 2702 Roosa Ve/1 Principal Place of Business 09/14/1990 04/02/1996 4. FEI Number Applied For 59-3029400 SAME 21 26 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 8. Election Campaign Financing CLEANWAT П Trust Fund Contribution Added to Fees 28 Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 CLARK, ALFRED 3665 E. BAY DRIVE (P.O. Box Number is Not Acceptable) 82 SUITE 204-259 83 **LARGO FL 34641** 84 ANWATEN 34620 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 procept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TOTALE Change BAKER, PAUL 1.2 NAME NAME 2702 ROOSEVELT BLVD. 1.3 STREET ADDRESS STREET ADDRESS **CLEARWATER FL** 1.4 CITY - ST - ZIP CITY - ST - ZIP ☐ Change DELETE Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change TITLE 3.1 TITLE Addition 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TOTLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ANDRESS

14. I do 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 to 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIF

TITLE

NAME

ANATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

10, 1997 813-531-1320

Change

Addition

FILED

Feb 17 1997 8:00am

Secretary of State