

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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90218 031 ***150.00

DOCUMENT # S19516

1. Corporation Name
BAXLEY FINANCIAL, INC.

Principal Place of Business

116 N. PINE AVENUE
P.O. BOX 129
INVERNESS FL 34451
US

Mailing Address

116 N. PINE AVENUE
P.O. BOX 129
INVERNESS FL 34451-0129
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1990

4. FEI Number

59-3041173

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

2. Principal Place of Business

21 8815 E Skye Drive
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 129
Suite, Apt. #, etc.

City & State

23 Inverness, FL

Zip Country

24 34450 25 USA

City & State

28 Inverness, FL

Zip Country

29 34451 30 USA

9. Name and Address of Current Registered Agent

RINGQUIST, CALVIN F.
~~116 N. PINE AVENUE~~
INVERNESS FL 34450

10. Name and Address of New Registered Agent

81 Name

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

8815 E Skye Drive

83

84 City
Inverness

FL

85 Zip Code
34450

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 P ☐ DELETE

NAME RINGQUIST, CALVIN F.
STREET ADDRESS ~~116 N. PINE AVENUE~~
CITY-ST-ZIP INVERNESS FL

TITLE ST ☐ DELETE

NAME RINGQUIST, MARILYN L.
STREET ADDRESS ~~116 N. PINE AVENUE~~
CITY-ST-ZIP INVERNESS FL

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

8815 E Skye Drive
Inverness, FL 34450

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

8815 E. Skye Drive
Inverness, FL 34450

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:

Calvin Ringquist

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/99

Date

352-726-5577

Daytime Phone #

CR2E034 (1/98)