**FILED** 

Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90057 040 \*\*\*150.00

## 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 # \$19777

1. Corporation Name

BAKER COMMERCIAL MAINTENANCE, INC.

<i>57</i> II.27. 3		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Principal Place	e of Business	Mailing Address					B, B, 1 B, B, 1 1 1 2 1
250 WILSHIRE PLAZA P.O. BOX 940341 STE. #126 MAITLAND FL 32794					DO NOT WRITE IN T	IIO ODACE	
CASSELBERRY FL 32707 US					DO NOT WRITE IN THE 3. Date Incorporated or Qualifed	115 SPACE	<del></del>
					12/17/1990		
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number	}	pplied For
21 26					59-3043787		ot Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc			5. Certificate of Status Desired	T	Additional equired
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23	28			Trust Fund Contribution	Added	to Fees	
Zip			Country		8. This corporation owes the current year	Intangible	_
24	25	29	0		Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Register	ed Agent	
			81	Name			
BAKER, FREDERICK K JR 250 WILSHIRE PLAZA			82	Street Ad	tdress (P.O. Box Number is Not Acceptable)		
	#126		83	<del></del>			
CAS	SELBERRY FL 32707		04	City		85 Zip	Code
			84	City		·L	
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 ager	nt and title if applicable. (NOTE: R	legistered Ager	t signature requ	uired when reinstating) DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
TTLE	D	☐ DELET€	1.1 TITLE		•	Change	☐ Addition
NAME	Baker, Frederick K., Jr.		1.2 NAME	.			
STREET ADDRESS	250 WILSHIRE PLAZA #126		1.3 STREET	ADDRESS			ļ
CITY-ST-ZIP	CASSELBERRY FL 32707 1.4		1.4 CITY-S	T-ZIP			
TITLE		☐ DELETÉ 2.1				☐ Change	☐ Addition
NAME		2.2					
STREET ADDRESS	23		2.3 STREET	ADDRESS			
CITY-ST-ZIP			2. 4 CITY-5	T-ZIP		<u> </u>	
TITLE		☐ DELETÉ 3.1				☐ Change	☐ Addition
NAME			3.2 NAME	]			
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-S	T-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME		•		ļ
STREET ADDRESS			4.3 STREET				
CITY-ST-ZIP			4.4 CITY-S	r-ZIP		Change	Addition
TITLE	• •	☐ DELETE	5.1 TITLE	Ì		Change	
NAME			5.2 NAME		•		
STREET ADDRESS				ADDRESS	•		
CiTY-ST-ZIP			5.4 CITY-S	r-ZiP		Chance	☐ Addition
TITLE		☐ DELETE	6.1 TITLE	-		☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADUKESS			

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP