

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
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**95 MAY -1 AM 10:51**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

**CORPORATION ANNUAL REPORT 1995**



**FLORIDA DEPARTMENT OF STATE**  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # S76026 (1)**

1. Corporation Name  
**BALDWIN & ASSOCIATES, INC.**

Principal Place of Business      Mailing Address

**718 CAMELLIA DRIVE  
LAGRANGE GA 30240**      **718 CAMELLIA DRIVE  
LAGRANGE GA 30240**

2. Principal Place of Business      2a. Mailing Address

21      26

Suite, Apt. #, etc.      Suite, Apt. #, etc.

22      27

City & State      City & State

23      28

Zip      Country      Zip      Country

24      25      29      30

3. Date Incorporated or Qualified      3a. Date of Last Report

**08/27/1991**      **04/26/1994**

4. FEI Number      Applied For

**65-0282401**       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**

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent

**DUNN, LISA B.  
1338 AVONDALE WAY  
TALLAHASSEE FL 32311**

10. Name and Address of New Registered Agent

81 Name

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

**4438 Hollygate Drive**

83

84 City **Jacksonville**      FL      85 Zip Code **32258**

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 resigning      DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALDWIN, DAVID K.	12 NAME	
STREET ADDRESS	718 CAMELLIA DRIVE	13 STREET ADDRESS	
CITY - ST - ZIP	LAGRANGE GA	14 CITY - ST - ZIP	
TITLE	TSD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALDWIN, CAROLYN M.	22 NAME	
STREET ADDRESS	718 CAMELLIA DRIVE	23 STREET ADDRESS	
CITY - ST - ZIP	LAGRANGE GA	24 CITY - ST - ZIP	
TITLE	D	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALDWIN, THOMAS M.	32 NAME	
STREET ADDRESS	4031 DREAM CATCHER DR	33 STREET ADDRESS	<b>4031 DREAM CATCHER DR</b>
CITY - ST - ZIP	WOODSTOCK GA	34 CITY - ST - ZIP	
TITLE	D	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALDWIN, NANCY A.	42 NAME	
STREET ADDRESS	2965 S PHARR CT #215	43 STREET ADDRESS	<b>1410 LAKES DRIVE</b>
CITY - ST - ZIP	ATLANTA GA	44 CITY - ST - ZIP	<b>ATLANTA, GA 30339</b>
TITLE	D	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNN, LISA B.	52 NAME	
STREET ADDRESS	1338 AVONDALE WAY	53 STREET ADDRESS	<b>4438 HOLLYGATE DRIVE</b>
CITY - ST - ZIP	TALLAHASSEE FL	54 CITY - ST - ZIP	<b>JACKSONVILLE, FL 32258</b>
TITLE	D	61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNN, ROBERT H.	62 NAME	
STREET ADDRESS	1338 AVONDALE WAY	63 STREET ADDRESS	<b>4438 HOLLYGATE DRIVE</b>
CITY - ST - ZIP	TALLAHASSEE FL	64 CITY - ST - ZIP	<b>JACKSONVILLE, FL 32258</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(c), 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.

SIGNATURE: David K. Baldwin, President      4/27/95 (306)812-1644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      (Date)      (Daytime Phone #)