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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

(2)

BAKER'S TRANSPORT SERVICE OF LAKELAND, INC.

V11268

Principal Place of Business

**DOCUMENT #** 

Mailing Address



4136 LAKE HANCOCK RD LAKELAND FL 33813				4136 LAKE HANCOCK RD LAKELAND FL 33813						
							3. Date Incorporated or Qualified 01/08/1992	3a. Date 0	01/19	eport <b>95</b>
2. Principal Pla	ace of Busines	s	2a.	Mailing Address			4. FEI Number	-1		Applied For
21			26				59-3102305		$\Box\Box$	Not Applicable
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.			5. Certificate of Status Desired	S8.75 Additional Fee Required		
City & State			28	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25 29			Zip	Country 30		8. Trils corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No			199.032,
1.1L	9. Name a	nd Address of Cu	rent Registe	ered Agent			10. Name and Address of New R	egistered A	gent	
					81	Name	Address of the Control of the Contro			
Baker,	robert R.				82	1	Iress (P.O. Box Number is Not Acceptat	ole)		
4136 LAKE HANCOCK RD					0.	Oliber Aud	iibaa (i .o. Box (to .i.e. ) to .i.e. )			
LAKELA	ND FL 3381	3 .			83					
					84	City			85 Z	p Code
						'		FL	1 1	
or register familiar wit	ed agent, or b h, and accept <b>(</b>	oth, in the State of I the obligations of, S	Torida. Such Section 607.0	change was authori 505, Florida Statute	zed by the cor s.	poration's boa	oration submits this statement for the pu ard of directors. I hereby accept the app	ointment as r	egister ac	d agent. I am
	Signature, typed or	printed name of registered				nt signature requir	ed when reinstatings ADDITIONS/CHANGES TO OFF	ICEDS AND	DIBECTO	DPS IN 12
12.		OFFICERS	AND DIRECT	DELETE	13.		ADDITIONS/CHANGES TO OTT		Change	
TITLE	RAKER	ROBERT R		[] becele	1.2 NAME			<b>L.</b> .	1 Chongs	
NAME		KE HANCOCK RE	)							
STREET ADDRESS	LAKELAN	:	<i>*</i>			1 ADDRESS				
CITY - ST - ZIP	D			DELETE	2. 1 TITLE				Change	Addition
TITLE		HERSHEL G		<b>X</b>	2.1 NAME			•	,	
NAME		RIGOLD DR		,		T ADDRESS				
STREET ADDRESS	LAKELAN				2.3 STAR	1				
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CITY - ST - ZIP					4.4 CITY	ST-ZIP				
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NAME				<del></del>	5.2 NAMI					
STREET ADDRESS					5.3 STRE	T ADDRESS				
CITY-ST-ZIP					5 4 CITY					
TITLE	<b> </b>			☐ DELETE	6 1 TITL			Ĺ	] Chançe	☐ Addition
NAME					6.2 NAM	1				
STREET ADDRESS						ET ADDRESS				
0:1V_S1_7IP					6 4 CiTY	ST-ZIP				
14. I do hereb	y certify that t	he information supp	lied with this	iling is voluntarily fur	rnished and do	es not qualify	for the exemption stated in Section 119	.07(3)(k), Flor	ida Statu	ites. 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 one appears with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED