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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

BAIRD COURT CORPORATION Principal Place of Business Mailing Address 2427 DUMFRIES CT W. 2427 DUMFRIES CT W. **ORANGE PARK FL 32065 ORANGE PARK FL 32065** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/18/1992 2. Principal Place of Business 2a. Mailing Address Applied For 21 22-1922506 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country This corporation owes or has paid the current year Intangible 24 Yes 29 30 Personal Property Tax due June 30. ΠÑο 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name VAN METER, THOMAS P. 2427 DUMFRIES CT W. 82 Street Address (P.O. Box Number is Not Acceptable) ORANGE PARK FL 32065 83 84 City Zip Code 10,607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered today. Such charge was authorized by the corporation's board of directors. I hereby accept the appointment as registered 11. Pursuant office or SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition VAN METER, THOMAS P. 1.2 NAME 2427 DUMFRIES CT W STREET ADDRESS 1.3 STREET ADDRESS **ORANGE PARK FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME VAN METER, PATRICIA A. 2.2 NAME STREET ADDRESS 2427 DUMFRIES CT W 2.3 STREET ADDRESS ORANGE PARK FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change ___ Addition VAN METER, CHRISTINE L. NAME 3.2 NAME 6392 ALEXANDER RD STREET ADDRESS 3.3 STREET ADDRESS WEST PALM BEACH FL 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 TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **63 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY - ST - ZIP

with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is accurate and that my signature shall have the same legal effect as if made under oath; that I am an eliver or a yler empowered tolexecute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the informindicated on this annual rep officer or director of the co Block 12 or Block 13 if ch

FILED

Mar 11 1998 8:00am

Secretary of State