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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V48041 (0)

1. Corporation Name

BALDWIN AGENCY, INC.

Principal Place of Business

304 MAGNOLIA AVE
#7
PANAMA CITY FL 32401
US

Mailing Address

P.O. BOX 1969
PANAMA CITY FL 32402-1969
US

3. Date Incorporated or Qualified

07/07/1992

3a. Date of Last Report

04/23/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

59-3124571

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

BALDWIN, ROLAND F
304 MAGNOLIA AVE
STE 7
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 PTD ☐ DELETE
NAME BALDWIN, ROLAND F
STREET ADDRESS 324 EAST BEACH DR., APT 603
CITY-ST-ZIP PANAMA CITY FL

TITLE VSD ☐ DELETE
NAME BALDWIN, DAPHNE M
STREET ADDRESS 324 EAST BEACH DR. APT 603
CITY-ST-ZIP PANAMA CITY FL

TITLE V ☐ DELETE
NAME BALDWIN, DAVID F
STREET ADDRESS 8730 THOMAS DR UNIT 201
CITY-ST-ZIP PANAMA CITY BEACH FL 32408

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 PTD ☒ Change ☐ Addition
1.2 NAME BALDWIN ROLAND F.
1.3 STREET ADDRESS 113 WINDWARD COURT
1.4 CITY-ST-ZIP PANAMA CITY BEACH, FL. 32413

2.1 TITLE VSD ☒ Change ☐ Addition
2.2 NAME BALDWIN DAPHNE M.
2.3 STREET ADDRESS 113 WINDWARD COURT
2.4 CITY-ST-ZIP PANAMA CITY BEACH, FL. 32413

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME BALDWIN DAVID F.
3.3 STREET ADDRESS 8730 THOMAS DR. UNIT 503
3.4 CITY-ST-ZIP PANAMA CITY BEACH, FL. 32408

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 do 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 register 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: *Roland F. Baldwin* ROLAND F. BALDWIN 2/6/97 904-769-4777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)