

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F97313 (3)
1. Corporation Name
JACOBS-BAKER-ASSOCIATES, INC. OF JACKSONVILLE



Principal Place of Business 337 Quayl Bunk I
11655 SAINTS ROAD
JACKSONVILLE FL 32246-0026
US
Mailing Address
PO Box 1306
JACKSONVILLE FL 32246-0026
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 337 Quayl Bunk I Suite, Apt. #, etc. 22 City & State 23 Ponte Vedra Beach FL Zip 24 32082 Country 25 USA		2a. Mailing Address 26 PO Box 1306 Suite, Apt. #, etc. 27 City & State 28 Ponte Vedra Beach, FL Zip 29 32082-1306 Country 30 USA		3. Date Incorporated or Qualified 08/27/1982	
		4. FEI Number 59-2215293		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent BAKER, ROBERT M. 11655 SAINTS ROAD JACKSONVILLE FL 32246				10. Name and Address of New Registered Agent 01 Name 02 Street Address (P.O. Box Number is Not Acceptable) PO Box 1306 03 04 City Ponte Vedra Beach FL 05 Zip Code 32082-1306			
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, ROBERT M.	1.2 NAME	
STREET ADDRESS	11655 SAINTS ROAD	1.3 STREET ADDRESS	PO Box 1306
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Ponte Vedra Beach FL 32082-1306
TITLE	S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, GLORIA T.	2.2 NAME	
STREET ADDRESS	11655 SAINTS ROAD	2.3 STREET ADDRESS	PO Box 1306
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Ponte Vedra Beach FL 32082-1306
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: Robert M Baker Dis ROBERT M BAKER 4/28/98 904-3736322

CR2E034 (10/97)