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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

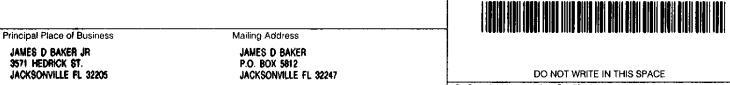
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name 178362

(0)

JIM BAKER CORPORATION

FILED Mar 30 1998 8:00am Secretary of State



JAMES D BAKER JR 3571 HEDRICK ST. JACKSONVILLE FL 32205			P.O. BO	JAMES D BAKER P.O. BOX 5812 JACKSONVILLE FL 32247				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/21/1954			
9 5	rincipal Place of Bu	einere	9a Maitin	g Address			4. FEI Number	· · · · · · · · · · · · · · · · · · ·			
	nncipal made of bu		y Address			1	•		plied For		
21	uite, Apt. #, etc.	26 Suite	Apt. #, etc.			59-07 1693)		ot Applicable		
22		27	27			5. Certificate of Status Desired					
23	ity & State		28 City &	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution				
_	ip	Country	Zip	<u>├</u>		у	8. This corporation owes or has paid the current year Intangible			_ ~	
24 25 25 P. Name and Address of Current F			[29]	100			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent				
<u> </u>			rent Hegistered A	Agent	Name 🕰		ss of New Regist	ered Agent			
BAKER JR, JAMES D						Name Z	o Change	addres	re enly	l	
1919 ATLANTIC BLVD. JACKSONVILLE FL 32207						82 Street Address (P.O. Box Mumber is Not Acceptable)					
						95	11 11/2	KIUS, B	4		
						'					
					84	NJACIA	50NV1415		FL 85 Zip (- 405	
11.	Pursuant to the prov	risions of Sections 607.0	502 and 607.150	8, Florida Sta tu	tes, the abov	re-named cor	poration submits this state	ment for the purp	ose of changing it	s registered	
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 families with, and accept the obligations of, Section 607.0505, Florida Statutes.											
1	NATURE ON	n D. DU	~//								
50	Signature, lyp	ed or printed name of registered		ble (NO	F: Registered Ag	ent signature requ	ired when reinstating)	D	ATE		
12.	· ,	OFFICERS A	AND DIRECTORS		13.		ADDITIONS/CHAN	GES TO OFFICERS			
TITLE	PD	D 10 111100 D		[_] DELETE	1.1 TITLE				L Change	Addition	
NAME		R JR,JAMES D			1.2 NAME					l:	
STREE		HEDRICK ST.			1.3 \$TREE	T ADDRESS				li	
CITY-	V, ***	SONVILLE FL 32205			1.4 CITY -	ST-ZIP				i	
TITLE	SD			DELETE	2.1 TITLE				☐ Change	Addition	
NAME		r, evelyn a			2.2 NAME					1	
STREE	1710011200	HEDRICK ST			2.3 STREE	T ADDRESS				1	
CITY-	ST-ZIP JACK	SONVILLE FL 32205			2. 4 CITY-	ST-ZIP					
TITLE				DELETE	3.1 TITLE				☐ Change	Addition	
NAME]				3.2 NAME						
STREE	T ADDRESS				3.3 STREE	T ADDRESS					
CITY-	ST-ZIP				3.4. CITY-	ST-ZIP					
TITLE			-	DELETE	4.1 TITLE				☐ Change	Addition	
NAME					4. 2 NAME	:					
STREE	T ADORESS				4.3 STREE	T ADDRESS					
CITY	ST-ZIP				4.4 CiTY-	ST-ZIP					
TITLE				DELETE	5.1 TITLE				☐ Change	Addition	
NAME					5.2 NAME					1	
STREE	T ADDRESS				5.3 STREE	T ADDRESS					
CITY-:	ST-ZIP				5.4 CITY-	ST-ZIP				1	
TITLE		- · · · · ·		DELETE	6.1 TITLE				☐ Change	Addition	
NAME					6.2 NAME						
STREE	T ADDRESS			6.3 STREET ADDRESS							
					I	·- I					

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 impowered 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.

12 1 20 15 10 10 May D. Baker 1. 3/14/47 904 388-327