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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 570947

(2)

Mailing Address

JOHN J. BAKER, INC.

Principal Place of Business

FILED
Apr 29 1997 8:00am
Secretary of State

2856 N.E. 24TH STREET LIGHTHOUSE POINT FL 33064		2656 N.E. 24TH STREET LIGHTHOUSE POINT FL 33064-8302					
					3. Date Incorporated or Qualified 05/03/1978	3a. Date of Last Report 05/01/1996	
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	A	pplied For	
21 26				59-1835091	N	lot Applicable	
Sulte, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional	
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 27 Chy & State					<b>b.</b> Certificate of status Desired	Fee A	lequired
OILY CLOIC	ate	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zιp	Cour	ntry	8. This corporation has liability for it	ntangible tax under i	s. 199.032,
24	25	29	30			] Yes ☐ No	•
	<ol><li>Name and Address of Curren</li></ol>	t Registered Agent			10. Name and Address of New Re	istered Agent	
BA	KER, JOHN J			81 Name			
26	56 N E 24TH ST			82 Street Add	dress (P.O. Box Number is Not Acceptab	le)	
33(	NHTHOUSE PT, FL 064			83			
				<b>84</b> City		85 Zip	Code
44 D	to the manifeless of Continue 207 207	0 and 007 1600 Firsts 00 5				FL <sup>83</sup> <sup>29</sup>	
office or	registered agent, or both, in the State	of Florida. Such change was	authorized	by the corpora	rporation submits this statement for the pation's board of directors. Thereby accept	urpose of changing i If the appointment as	its registered E registered
agent. I	am familiar with, and accept the obliga	ations of, Section 607.0505, F	lorida Statu	iles.			•
SIGNATURE							
12.	Signature, typed or printed name of registered age OFFICERS ANI		TE: Registered	Agent signature requ	ulred when reinstating)	DATE.	DO IN 40
TITLE	PD OFFICERS AND	DELETE	1.1 TIT		ADDITIONS/CHANGES TO OFFIC	Change	Addition
NAME	BAKER, JOHN J	L. J VILLEIL				[] Criange	[_] Addition
	AARA LIB AIRII AR		1.2 NAI				
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP	LIGHTHOUSE PT, FL 00000			Y-ST-ZIP			4.000
TITLE	STD CAROL ANN	☐ DELETE	2.1 1170			☐ Change	Addition
NAME	BAKER, CAROL ANN		2.2 NAI				
STREET ADDRESS			2.3 STF	REF1 ADDRESS			
CITY-ST-ZIP	LIGHTHOUSE PT, FL 00000			Y-ST-ZIP			
TITLE	VD	Drifte	3.1 1111	LE		☐ Change	Addition
NAME	BAKER, RICHARD P.		3.2 NAI	мŧ			
STREET ADDRESS			3.3 STF	REET ADDRESS			
CITY-ST-ZIP	LIGHTHOUSE POINT FL		34. CH	IY-S1-ZIP			
TITLE		☐ DELETE	4.1 TI3	ı <b>f</b>		☐ Change	Addition
NAME			4. 2 NA	ME			
STREET ADORESS			4.3 STF	REET ADDRESS			
CITY-ST-ZIP			4.4 CIT	Y-ST-7IP			
TITLE		☐ DELETE	5.1 717			☐ Change	Addition
NAME			5.2 NA	ME			
STREET ADDRESS	; <b> </b>			REET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
TITLE		DELETE	6 1 TIT			Change	Addition
NAME			6.2 NA	*		and a series	
STREET ADDRESS							
				REET ADDRESS			
CITY-ST-ZIP	abu and that the information a malia	d with this flips does not and	6 4 CIT	Y-S1-ZIP	and in Caption 110 07/20/). Florida Statutar	(	

I go 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.