

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

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90003 048 ***300.00

0465345

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 570947

1. Corporation Name
JOHN J. BAKER, INC.



Principal Place of Business 1188 WINTERBERRY DR MARCO ISLAND FL 34145 US	Mailing Address P O BOX 1728 MARCO ISLAND FL 34146 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **188 Starfish Court**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State
23 **Marco Island, FL**

27 City & State

28 City & State

24 Zip **34145** 25 Country **USA**

29 Zip

30 Country

3. Date Incorporated or Qualified

05/03/1978

4. FEI Number

59-1835091

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 owes the current year intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**BAKER, JOHN J
1188 WINTERBERRY DR
LIGHTHOUSE PT, FL
MARCO ISLAND FL 34145**

10. Name and Address of New Registered Agent

81 Name

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

188 Starfish Court

83

84 City

Marco Island

85

Zip Code

FL

34145

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

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BAKER, JOHN J	
STREET ADDRESS	1188 WINTERBERRY DR	
CITY-ST-ZIP	MARCO ISLAND FL 34145	

TITLE	STD	<input type="checkbox"/> DELETE
NAME	BAKER, CAROL ANN	
STREET ADDRESS	1188 WINTERBERRY DR	
CITY-ST-ZIP	MARCO ISLAND FL 34145	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	BAKER, RICHARD P.	
STREET ADDRESS	1188 WINTERBERRY DR	
CITY-ST-ZIP	MARCO ISLAND FL 34145	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	188 Starfish Ct
1.4 CITY-ST-ZIP	Marco Island, FL 34145

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	188 Starfish Ct
2.4 CITY-ST-ZIP	Marco Island, FL 34145

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	188 Starfish Ct
3.4 CITY-ST-ZIP	Marco Island, FL 34145

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with a power like empowered.

SIGNATURE:

Carol A. Baker Carol A. Baker

3-19-99

(941) 394-3405

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)