

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1996.
AMOUNT DUE ON OR BEFORE 8/8/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED

1995 JUL 11 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Principal Place of Business Mailing Address
11330-2 ST JOHNS INDUSTRIAL PKWY 11330-2 ST JOHNS INDUSTRIAL PKWY
P O BOX 54309 P O BOX 54309
JACKSONVILLE FL 32216 JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/27/1982 3a. Date of Last Report 02/03/1994
4. FEI Number 59-2215293 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

Principal Place of Business Mailing Address
21 11555 SAINTS ROAD 26 11555 SAINTS ROAD
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 JACKSONVILLE, FL 28 JACKSONVILLE, FL
Zip Country Zip Country
24 32246-3826 25 USA 29 32246-3826 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAKER, ROBERT M.
11330-2 ST JOHNS INDUSTRIAL PKWY
JACKSONVILLE FL 32216

81 Name BAKER, ROBERT M.
82 Street Address (P.O. Box Number is Not Acceptable) 11555 SAINTS ROAD
83
84 City JACKSONVILLE FL 85 Zip Code 32246-3826

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	BAKER, ROBERT M.	1.2 NAME	BAKER, ROBERT M.
STREET ADDRESS	11330-2 ST JOHNS IND PKY	1.3 STREET ADDRESS	11555 SAINTS ROAD
CITY - ST - ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP	JACKSONVILLE, FL 32246-3826
TITLE	S	2.1 TITLE	S
NAME	BAKER, GLORIA T.	2.2 NAME	BAKER, GLORIA T.
STREET ADDRESS	11330-2 ST JOHNS IND PKY	2.3 STREET ADDRESS	11555 SAINTS ROAD
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP	JACKSONVILLE, FL 32246-3826
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Gloria T. Baker Gloria T. Baker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-95

Date (Signature Printed)