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FILED  
Apr 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997

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  
11555 SAINTS ROAD  
P O BOX 54309  
JACKSONVILLE FL 32246-3826  
US

Mailing Address  
11555 SAINTS ROAD  
P O BOX 54309  
JACKSONVILLE FL 32246-3996  
US

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
City & State  
Zip Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
City & State  
Zip Country

3. Date Incorporated or Qualified  
08/27/1982

3a. Date of Last Report  
04/10/1996

4. FEI Number  
59-2215293

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

9. Name and Address of Current Registered Agent  
BAKER, ROBERT M.  
11555 SAINTS ROAD  
JACKSONVILLE FL 32246

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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 *Robert M. Baker* President DATE 4-1-97  
(NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	BAKER, ROBERT M.	11555 SAINTS ROAD	JACKSONVILLE FL	<input type="checkbox"/>
S	BAKER, GLORIA T.	11555 SAINTS ROAD	JACKSONVILLE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
1.1	1.2	1.3	1.4	<input type="checkbox"/>	<input type="checkbox"/>
2.1	2.2	2.3	2.4	<input type="checkbox"/>	<input type="checkbox"/>
3.1	3.2	3.3	3.4	<input type="checkbox"/>	<input type="checkbox"/>
4.1	4.2	4.3	4.4	<input type="checkbox"/>	<input type="checkbox"/>
5.1	5.2	5.3	5.4	<input type="checkbox"/>	<input type="checkbox"/>
6.1	6.2	6.3	6.4	<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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* DATE 4-1-97 94-27366322

CR2E034 (9/96)