

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # H89374 (3)

1. Corporation Name

J. R. BAKER & SONS, INC.

Principal Place of Business

1701 BLANDING BLVD  
MIDDLEBURG FL 32050-0459  
US

Mailing Address

PO BOX 459  
MIDDLEBURG FL 32050-0459  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		12/11/1985		11/17/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-2715840		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Zip		Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

BAKER, J. RICHARD, JR  
1701 BLANDING BLVD.  
MIDDLEBURG, FL FL 32068

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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

J. Richard Baker Jr.

J. Richard Baker

4-19-96

Signature typed or printed name of registered agent and date if applicable

(NOTE: Registered agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, J. RICHARD JR.		1.2 NAME				
STREET ADDRESS	1701 HWY 21		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIDDLEBURG FL		1.4 CITY-ST-ZIP				
TITLE	V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, TIMOTHY R.		2.2 NAME	BAKER, J. Richard Jr.			
STREET ADDRESS	1701 HWY 21		2.3 STREET ADDRESS	1701 Hwy 21			
CITY-ST-ZIP	MIDDLEBURG FL		2.4 CITY-ST-ZIP	Middleburg FL 32050			
TITLE	ST	<input checked="" type="checkbox"/> DELETE	3.1 TITLE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, GAIL		3.2 NAME	BAKER, J. Richard Jr.			
STREET ADDRESS	1701 HWY 21		3.3 STREET ADDRESS	1701 Hwy 21			
CITY-ST-ZIP	MIDDLEBURG FL		3.4 CITY-ST-ZIP	Middleburg FL 32050			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)