

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
May 06 1998 8:00am  
Secretary of State

DOCUMENT # P96000019533 (4)

1. Corporation Name

J.J. BAKER CUSTOM HOMES, INC.



Principal Place of Business

Mailing Address

420 S BARFIELD DR  
MARCO ISLAND FL 33937

P O BOX 1724  
MARCO ISLAND FL 33937

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1188 Winterberry Dr  
Suite, Apt. #, etc.

22 City & State

23 Marco Island FL

24 Zip 34145

Country

2a. Mailing Address

26 P.O. Box 1728  
Suite, Apt. #, etc.

27 City & State

28 Marco Island FL

29 Zip 34146

Country

3. Date Incorporated or Qualified

02/29/1996

4. FEI Number

65-0647503

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

BAKER, JOHN J  
420 S BARFIELD DR  
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent

81 Name

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

1188 Winterberry Dr

83

84

Marco Island

FL

85

Zip Code  
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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P  
BAKER, JOHN J  
420 S BARFIELD DR  
MARCO ISLAND FL 33937

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S  
BAKER, CAROL  
420 S BARFIELD DR  
MARCO ISLAND FL 33937

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VP  
BAKER, RICHARD  
420 S BARFIELD DR  
MARCO ISLAND FL 33937

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

1188 Winterberry Dr  
Marco Island, FL 34145

☐ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

1188 Winterberry Dr  
Marco Island, FL 34145

☐ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

1188 Winterberry Dr  
Marco Island, FL 34145

☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE

*[Signature]*

*[Signature]* 04/08/98 (044) 394-3405

CR2E034 (10/97)