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

CITY-ST-ZIP

FILED PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Mar 13 1998 8:00 am ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT #

1. Corporation Name P96000090089 (9) J.R. BAKER & ASSOCIATES, INC. Principal Place of Business Mailing Address 1100 ISLAMORADA BOULEVARD 1100 ISLAMORADA BOULEVARD **PUNTA GORDA FL 33955** PUNTA GORDA FL 33955 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u> 11/01/1996</u> 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For SAMB 21 SAME 65-0706185 Not Applicable Suite, Apt. #. etc Suite, Ap #. etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & Star \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Zip VSA V64 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name AMERILAWYER CHARTERED 343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 83 84 City Zip Code **B5** 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PTD DELETE Change Addition TITLE 1.1 TITLE NAME **BAKER, JACK R** 1.2 NAME CR2E034 500002459375---03/17/98--01045--018 1100 ISLAMORADA BOULEVARD STREET ADDRESS 1.3 STREET ADDRESS **PUNTA GORDA FL 33955** 1.4 CITY-ST-ZIP CITY-ST-ZIP ****150.00 建苯胂酸 500 Addition DELETE 2.1 TITLE TITLE BAKER, DARLENE M NAME 2.2 NAME 1100 ISLAMORADA BOULEVARD 2.3 STREET ADDRESS STREET ADDRESS **PUNTA GORDA FL 33955** 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

14. Thereby 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.

6.4 CITY-ST-ZIP