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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 06, 1999 8:00 am Secretary of State

05-06-1999 90188 039 ***158.75

DOCUMENT # P98000038084

1. Corporation Name

J.B. BAKER & ASSOCIATES, P.A.

Principal Place of Business Mailing Address									(152/152/110 12/07/15/17/07				
				42 SAINT CHARLOTTE									
TAMPA FL 33618 TAMPA FL				MPA FL 33618	FL 33618				DO NOT V	WRITE IN THIS	SPACE		
								ŀ	3. Date Incorporated or Qual				
									04/24/1998				
2 Principal P	lace of Business		2a.	Mailing Address					4. FEI Number			Appl	ied For
2. Principal Place of Business			26					59 - 350 8240 Not Applie					
Suite, Apt. #, etc.			Suite, Apt. #, etc.								\$8.7		Iditional
22			27						5. Certifcate of Status Desire	d Z	•	e Req	
City & State			City & State						6. Election Campaign Finance	ing _	\$5.	00 N	lay Be
23			28						Trust Fund Contribution	"'y 🗆		ded to	
Zip Country						untry			8. This corporation owes the	current year Int	angible		_
24	25		29		30				Personal Property Tax.		Yes		±1√0
		Address of Current I	Regist	tered Agent					10. Name and Address of No	w Registered	Agent		
						81	Name						
	er, Jeanette i					82	Street	Address	s (P.O. Box Number is Not Acc	eptable)			
12542 SAINT CHARLOTTE							Oll Odd,	, (46, 66,					
TAM	PA FL 33618					83							
						84	City				85	Žip Co	vde .
		•				64	City			FL	. "	Lip Oc	,,,,
office or r	egistered agent, or m familiar with, an	both, in the State of diaccept the obligation	Florid ns of,	a. Such change was a Section 607.0505, Flo	uthorize rida Sta	d by tutes.	the corpo	oration	ation submits this statement for s board of directors. I hereby a	ссерт тпе аррог	ntment a	s regi	stered
	Signature, typed or printe	d name of registered agent a		<u> </u>	: Registere		t signature ri	equired w	hen reinstating) ADDITIONS/CHANGES TO	DATE OFFICERS AN	ID DIRE	CTOR	S IN 12
12.	r	OFFICERS AND	DIRE	DELETE	_	TILE			hairman	OF FIGERS AF	Chai		Addition
TITLE				_ DELETE		IAME		ري	egrette M. Bak	18		-3-	h
NAME							ADDRESS)	2542 St. Chan	10 He			
STREET ADDRESS								-	Tan Da El	357	2		
CITY-ST-ZIP				☐ DELETE	2.11	XITY-SI	- ZIP	-	Tampa Fl Director	2361	 ☐ Cha	nge	Addition
TITLE								Y	lineutor	Roto		.90	<u></u>
NAME						AME		,	Jaanette m.	10 4 K E	-/ 2		
STREET ADDRESS							ADDRESS	۱ ۱	125 42 St (70101		,	
CITY-ST-ZIP				☐ DELETE	3.17	CITY-S	T- ZIP	 	Tampa Fl President	330	-	nge	Addition
TITLE				□ Occeie	1				President				J2
NAME					1	AME	*********	١,	Jennette m.	39 Ker			
STREET ADDRESS					•		ADDRESS		125-42 St C.	KG ~ 10 11	2 2 0		
CITY-ST-ZIP		<u>.</u>		☐ DELETE	4.11	CITY-S	1-ZIP		Tampa FI Vice Presion		S	nge	Addition
TITLE					1	NAME			VICE Presion	Balana		•	
NAME					1				Jeane 70 M.	600000	He		
STREET ADDRESS							ADDRESS		12545 84 6	3361	8		,
CITY-ST-ZIP	- III			☐ DELETE		XTY-SI	-ZIP		14m/50 F1	3367	<u> </u>	nge	Tt Addition
TITLE	ļ			- Detere		TITLE NAME		၂	e cheruny	2.4.		3 -	
NAME							ADDRESS	a	2442716 111 R	clotte	,		
STREET ADDRESS					R	OTY-ST		'	To	321	15		.
CITY-ST-ZIP				☐ DELETE		ITLE	-437	 	Jeanette M. 12542 St C Tampa Fl 2542 St Cha Tampa Fl Theosurea Jeonette M.	~	<u>'</u> Ο Chα	nge	Addition
TITLE						AME			Jenneth m	Paka a		- o-	
NAME							ADDRESS		Jeonette M. 12542 St ch	a ~ 10 #	ے		

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, with all other like empowered.

STREET ADDRESS

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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CR2E034 (11/98)