Applied For Not Applicable

\$8.75 Additional

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000073881

1. Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

JAMES R. BAKER ENTERPRISES, INC.

Principal Place of Business	Mailing Address	
11412 PALM PASTURE DR TAMPA FL 33635	11412 PALM PASTURE DR TAMPA FL 33635	

26

2a. Mailing Address

Suite, Apt. #, etc.

## May 03, 1999 8:00 am Secretary of State

05-03-1999 90119 046 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

El Number 3528705

08/21/1998

28 Trust Fund Contribution  A 27p Country  Zip Country  8. This corporation owes the current year Intangible Personal Property Tax.   Yes Personal Property Tax.	Zip Code ging its registered
Zip Country Zip Country Zip Country 8. This corporation was the current year Intangible Personal Property Tax. Yes Intended Address of New Registered Agent Yes Yes Personal Property Tax. Yes Personal Property Tax. Yes Personal Property Tax. Yes Personal Property Tax. Yes Intended Address of New Registered Agent Yes	Zip Code ging its registered as registered
9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  REDWOOD, HAROLD A CPA 401 W WATERS AVE, STE A TAMPA FL 33604  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City   FL   85   86   87   88   88   88   88   88   89   80   80   81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City   FL   85   86   87   88   88   89   80   80   81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  84   85   86   87   87   88   88   88   88   89   80   80   81   81   82   83   84   84   85   86   86   87   88   88   89   80   80   81   81   82   83   84   85   86   86   87   88   88   88   89   80   81   81   81   82   83   84   85   86   86   87   88   88   88   89   80   81   81   82   84   85   86   86   87   88   88   88   88   89   80   81   81   81   82   84   85   85   86   86   87   88   88   88   88   89   80   81   81   81   82   84   85   86   86   87   88   88   88   88   89   80   81   81   81   82   84   85   86   86   87   88   88   88   89   80   81   81   81   81   82   84   85   85   86   86   87   86   87   88   88   88   88   88   89   80   80   81   81   81   82   84   85   85   86   87   86   87   88   88   88   88   88   89   80   80   81   81   81   82   84   85   85   86   87   86   87   88   88   88   88   88   88   89   80   80   81   81   81   82   84   85   85   86   86   87   88   88   88   88   88   89   80   80   80   80   80   80   80   80	Zip Code ging its registered as registered
9. Name and Address of Current Registered Agent  REDWOOD, HAROLD A CPA 401 W WATERS AVE, STE A TAMPA FL 33604  82 Street Address (P.O. Box Number is Not Acceptable)  83   Street Address (P.O. Box Number is Not Acceptable)  84   City   FL   85    85   Street Address (P.O. Box Number is Not Acceptable)  86   Street Address (P.O. Box Number is Not Acceptable)  87   Street Address (P.O. Box Number is Not Acceptable)  88   Street Address (P.O. Box Number is Not Acceptable)  89   Street Address (P.O. Box Number is Not Acceptable)  80   Street Address (P.O. Box Number is Not Acceptable)  81   Street Address (P.O. Box Number is Not Acceptable)  82   Street Address (P.O. Box Number is Not Acceptable)  83   Street Address (P.O. Box Number is Not Acceptable)  84   City   FL   85    85   Street Address (P.O. Box Number is Not Acceptable)  86   Street Address (P.O. Box Number is Not Acceptable)  87   Street Address (P.O. Box Number is Not Acceptable)  88   Street Address (P.O. Box Number is Not Acceptable)  89   Street Address (P.O. Box Number is Not Acceptable)  80   Street Address (P.O. Box Number is Not Acceptable)  80   Street Address (P.O. Box Number is Not Acceptable)  81   Street Address (P.O. Box Number is Not Acceptable)  80   Street Address (P.O. Box Number is Not Acceptable)  81   Street Address (P.O. Box Number is Not Acceptable)  82   Street Address (P.O. Box Number is Not Acceptable)  83   Street Address (P.O. Box Number is Not Acceptable)  84   City   Street Address (P.O. Box Number is Not Acceptable)  85   Street Address (P.O. Box Number is Not Acceptable)  86   Street Address (P.O. Box Number is Not Acceptable)  87   Street Address (P.O. Box Number is Not Acceptable)  87   Street Address (P.O. Box Number is Not Acceptable)  88   Street Address (P.O. Box Number is Not Acceptable)  89   Street Address (P.O. Box Number is Not Acceptable)  80   Street Address (P.O. Box Number is Not Acceptable)  80   Street Address (P.O. Box Number is Not Acceptable)  80   Street Address (P.O. Box Number is Not Acceptable)  80	Zip Code ging its registered as registered
REDWOOD, HAROLD A CPA 401 W WATERS AVE, STE A TAMPA FL 33604  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL 85  85 City  FL 85  86 City  FL 85  87 City  FL 85  88 City  FL 85  88 City  FL 85  89 City  FL 85  80 City  FL 85  80 City  FL 85  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 City  FL 85  84 City  FL 85  85 City  FL 85  86 City  FL 85  87 City  FL 85  88 City  FL 85  88 City  FL 85  89 City  FL 85  80 City  FL 80  80  80 City  FL 80  80 City  FL 80  80 City  FL 80  80 City  FL 80	Zip Code ging its registered it as registered RECTORS IN 12
401 W WATERS AVE, STE A TAMPA FL 33604  83  84 City  FL  85  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 changoffice 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 appointmen agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. CITY-ST-ZIP  TITLE  NAME  13. STREET ADDRESS  14. CITY-ST-ZIP  TULE  NAME  22. NAME  22. NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  3.4 City  FL  85  85  85  85  85  86  87  87  88  87  88  88  88  City  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  32. NAME	ging its registered as registered RECTORS IN 12
401 W WATERS AVE, STE A TAMPA FL 33604  83  84 City  FL  85  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 changoffice 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 appointmen agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. CITY-ST-ZIP  TITLE  NAME  13. STREET ADDRESS  14. CITY-ST-ZIP  TULE  NAME  22. NAME  22. NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  3.4 City  FL  85  85  85  85  85  86  87  87  88  87  88  88  88  City  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  32. NAME	ging its registered as registered RECTORS IN 12
### TAMPA FL 33604  ### City ### FL ### State of Florida Statutes, the above-named corporation submits this statement for the purpose of charge 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 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	ging its registered as registered RECTORS IN 12
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 chang 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  NAME  12. NAME  13. STREET ADDRESS  13. STREET ADDRESS  13. STREET ADDRESS  14. CITY-ST-ZIP  TUHL 2 Parm Pasture  14. CITY-ST-ZIP  TUHL 2 21 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TULE  DELETE  3.1 TITLE  3.2 NAME  14. CITY-ST-ZIP  TULE  DELETE  3.1 TITLE  3.2 NAME  3.3 NAME  3.4 City  TUH 2 Add Part Statement for the purpose of change of registered Agent signature required when reinstating)  DATE  TURE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  16. CITY-ST-ZIP  TUH 2 Add Part Statement for the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment agent and title appointment agent agent agent agent and title appointment agent agen	ging its registered as registered RECTORS IN 12
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 chang 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  Signeture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIFFICERS	ging its registered as registered RECTORS IN 12
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment 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  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS AND DIRECTORS  11.1 TITLE  NAME  12. NAME  13. STREET ADDRESS  CITY-ST-ZIP  DELETE  14. CITY-ST-ZIP  DELETE  21. TITLE  DELETE  22. NAME  22. NAME  23. STREET ADDRESS  CITY-ST-ZIP  DELETE  31. TITLE  31. TITLE  32. NAME  33. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	RECTORS IN 12
SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   12.	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   12.	
TITLE NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  TULE  NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE  DELETE  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  Tumpa, FL 33635  DELETE  2.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE  3.1 TITLE  NAME  NAME  NAME  3.2 NAME	
NAME  STREET ADDRESS  CITY-ST-ZIP  TULE  NAME  STREET ADDRESS  TULI 2 Palm Pasture Day  14 CITY-ST-ZIP  Tumpa, FL 33635  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  24 CITY-ST-ZIP  TULE  DELETE  32 NAME  32 NAME	Change (LAccord
1.4 CITY-ST-ZIP   Tumps, FL 33635     TITLE	
1.4 CITY-ST-ZIP   Tumps, FL 33635     TITLE	
1.4 CITY-ST-ZIP   Tumps, FL 33635     TITLE	
TITLE         DELETE         2.1 TITLE         C           NAME         22 NAME         C           STREET ADDRESS         2.3 STREET ADDRESS         C           CITY-ST-ZIP         2.4 CITY-ST-ZIP         C           NAME         3.2 NAME         C	
NAME         2.2 NAME           STREET ADDRESS         2.3 STREET ADDRESS           CITY-ST-ZIP         2.4 CITY-ST-ZIP           T/TLE         □ DELETE           NAME         3.2 NAME	Change Additi
STREET ADDRESS         2.3 STREET ADDRESS           CITY-ST-ZIP         2.4 CITY-ST-ZIP           ITILE         DELETE           NAME         3.2 NAME	
2.4 CITY-ST-ZIP	
TITLE         DELETE         3.1 TITLE         13.2 NAME	
NAME 3.2 NAME	Change Additi
A	
CITY-ST-ZIP         3.4.CITY-ST-ZIP           TITIE         DELETE         4.1 TITLE         0.00	Change
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP	Change Additi
SAMAGE STANKE	
NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 5.4 CITY-ST-ZIP	Therap DA44
	Change
NAME 62 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
64 CITY-ST-ZIP  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 the	

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 ar 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.

