

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000034647

**Entity Name:** BAER CASE MANAGEMENT, INC.

**Current Principal Place of Business:**

932 N LILAC LOOP  
JACKSONVILLE, FL 32259

**Current Mailing Address:**

P O BOX 600489  
JACKSONVILLE, FL 32260 US

**FEI Number:** 26-2330397

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LIBERTY TAX SERVICE  
9889 SAN JOSE BLVD  
SUITE 1  
JACKSONVILLE, FL 32257 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name BAER, VIKKI L  
Address 932 N LILAC LOOP  
City-State-Zip: JACKSONVILLE FL 32259

Title VP  
Name BAER, VIKKI L  
Address 932 N LILAC LOOP  
City-State-Zip: JACKSONVILLE FL 32259

Title T  
Name BAER, VIKKI L  
Address 932 N LILAC LOOP  
City-State-Zip: JACKSONVILLE FL 32259

Title S  
Name BAER, VIKKI L  
Address 932 N LILAC LOOP  
City-State-Zip: JACKSONVILLE FL 32259

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** VIKKI L. BAER

**PRESIDENT**

**04/22/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date