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Jan 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **H68022** (3)

1. Corporation Name
ST. JOE COMMUNICATIONS, INC.

Principal Place of Business
**502 FIFTH STREET
STE. 400
PORT ST JOE FL 32546
US**

Mailing Address
**P.O. BOX 220
PORT ST JOE FL 32457-0220
US**



3. Date Incorporated or Qualified **07/24/1985** 3a. Date of Last Report **07/05/1996**

4. FEI Number **59-2511958** 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**ELLMER, MARK R
502 FIFTH STREET
PORT ST JOE FL 32458**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code

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, type or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP LEWIS, JOHN M**
STREET ADDRESS **502 FIFTH STREET**
CITY - ST - ZIP **PORT ST JOE FL**

TITLE ☐ DELETE

NAME **DVTS DIPALI, ROBERT V**
STREET ADDRESS **502 FIFTH STREET**
CITY - ST - ZIP **PORT ST. JOE FL**

TITLE ☐ DELETE

NAME **V FAISON, JAMES B**
STREET ADDRESS **502 FIFTH STREET**
CITY - ST - ZIP **PORT ST. JOE FL**

TITLE ☒ DELETE

NAME **T PETTY, C. M**
STREET ADDRESS **1650 PRUDENTIAL DR., #400**
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE ☒ DELETE

NAME **S ANDERSON, R. A.**
STREET ADDRESS **1650 PRUDENTIAL DR., #400**
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **DV VAUGHAN, J.H.**
STREET ADDRESS **502 FIFTH STREET**
CITY - ST - ZIP **PORT ST. JOE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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:

James B. Faison James B. Faison

1/21/97

(904) 229-7235

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0055206

CR2E034 (9/96)