

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J83867 (8)
1. Corporation Name
ST. JOE UTILITIES COMPANY



Principal Place of Business 1650 PRUDENTIAL DR. #400 SUITE 400 JACKSONVILLE FL 32207 US	Mailing Address P. O. BOX 1380 JACKSONVILLE FL 32201 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 07/22/1987	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		4. FEI Number 59-2841388 Applied For Not Applicable	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent ANDERSON, R. A. 1650 PRUDENTIAL DR., #400 JACKSONVILLE FL 32207		10. Name and Address of New Registered Agent 81 Name Robert M. Rhodes 82 Street Address (P.O. Box Number is Not Acceptable) 1650 Prudential Drive, Suite 400 83 84 City Jacksonville, FL 85 Zip Code 32207	
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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 Robert M. Rhodes DATE 4/29/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP THORNTON, W. L. 1650 PRUDENTIAL DR. JACKSONVILLE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	CD Peter S. Rummell 1650 Prudential Drive, Suite 400 Jacksonville, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PETTY, C. M. 1650 PRUDENTIAL DR JACKSONVILLE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	PD Charles A. Ledsinger, Jr. 1650 Prudential Drive, Suite 400 Jacksonville, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DURHAM, W. E., JR. 9144 BAY COVE LN. JACKSONVILLE FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SVPD Robert M. Rhodes 1650 Prudential Drive Jacksonville, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEDLEY, R. E. 2004 MONUMENT LN. PORT ST. JOE FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANDERSON, R A 1650 PRUDENTIAL DR. JACKSONVILLE FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 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 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 to this report.

SIGNATURE: Robert M. Rhodes DATE 4/29/98 904-396-6600

CR2034 (10/97)