2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State
04-18-2000 90267 021 ***150.00

DOCUMENT # J83867

1. Entity Name

ST. JOE UTILITIES COMPANY

Principal Place of Business	Mailing Address
1650 PRUDENTIAL DR. #400 SUITE 400 JACKSONVILLE FL 32207 US	P. O. BOX 1380 JACKSONVILLE FL 32201-1380 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	1650 Prudential Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 400 - Attn. Legal Dept.
City & State	City & State Jacksonville, FL
Zip / Country	Zip / Country 32207 / US

4. FEI Number 59-2841388 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RHODES, R M 1650 PRUDENTIAL DR STE 400 JAX FL 32207	Name: Lawrence Paine Street Address (P.O. Box Number is Not Acceptable): City: **FL** Zip Code:

8. 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: Lawrence Paine, Vice President & Secretary — DATE: 4-12-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD RUMMERLL, P S 1650 PRUDENTISAL DR. JACKSONVILLE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P/T Michael N. Regan 1650 Prudential Drive, #400 Jacksonville, FL 32207	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P TWOMEY, KEVIN M 1650 PRUDENTIAL DR., STE. 400 JACKSONVILLE FL 32207	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/VP David G. Tillis 1650 Prudential Drive, #400 Jacksonville, FL 32207	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVPD RHODES, R M 1650 PRUDENTIAL DR JACKSONVILLE FL 32207	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S / VP Lawrence Paine 1650 Prudential Drive. #400 Jacksonville, FL 32207	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lawrence Paine, Secretary — Date: 4-12-00 — Daytime Phone #: 904 858-5236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR