

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

12

<b>NONPROFIT CORPORATION ANNUAL REPORT 1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000004336 (2)**  
 1. Corporation Name  
**ST. JOHNS COUNTY VISITORS AND CONVENTION BUREAU, INC.**



Principal Place of Business <b>4125 COASTAL HIGHWAY ST. AUGUSTINE FL 32095</b>	Mailing Address <b>4125 COASTAL HIGHWAY ST. AUGUSTINE FL 32095</b>
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3. Date Incorporated or Qualified <b>09/12/1995</b>	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 <b>88 Riberia Street</b>
22 City & State	27 <b>Suite 250</b>
23 Zip	28 <b>St. Augustine, FL</b>
24 Country	29 <b>32084</b>
25	30 <b>USA</b>

4. FEI Number <b>59-3335084</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**USINA, FRANK  
 4125 COASTAL HIGHWAY  
 ST. AUGUSTINE FL 32095**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>Mr. Mark Vinciguerra</b>	
STREET ADDRESS	<b>1300 TPC Blvd.</b>	
CITY-ST-ZIP	<b>Ponte Vedra Beach, FL 32082</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>Ms. Virginia Whetstone</b>	
STREET ADDRESS	<b>138 Avenida Mendez</b>	
CITY-ST-ZIP	<b>St. Augustine, FL 32084</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>Ms. Nancy Brennan</b>	
STREET ADDRESS	<b>2700 SR 16, Ste. 200</b>	
CITY-ST-ZIP	<b>St. Augustine, FL, 32092</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>Mr. Frank Usina</b>	
STREET ADDRESS	<b>4125 Coastal Highway</b>	
CITY-ST-ZIP	<b>St. Augustine, FL 32095</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>400001894904</b>
6.3 STREET ADDRESS	<b>-07/16/96--01123--010</b>
6.4 CITY-ST-ZIP	<b>***61.25</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

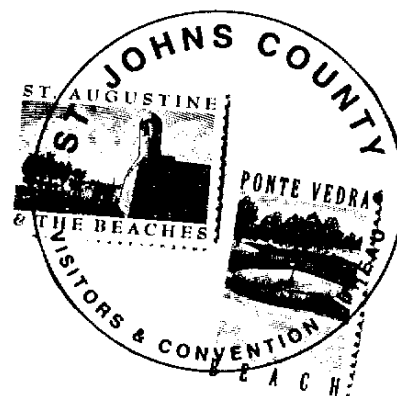
SIGNATURE: [Signature]  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (3/96)

N95000004336

2-2



July 11, 1996

Division of Corporations  
Annual Report Section  
P.O. Box 13900  
Tallahassee, FL 32317

Below is a list of the Directors for the St. Johns County  
Visitors & Convention Bureau.

Mr. Mark Vinciguerra  
1000 TPC Blvd.  
Ponte Vedra Beach, FL 32082  
Director

Ms. Virginia Whetstone  
138 Avenida Menedez  
St. Augustine, FL 32084  
Director

Ms. Nancy Brennan  
2700 SR 16, Suite 200  
St. Augustine, FL 32092  
Director

Mr. Frank Usina  
4125 Coastal Highway  
St. Augustine, FL 32095  
Director

Sincerely,

Melonia Duncan  
Special Project Coordinator