

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **129639** (1)
1. Corporation Name
ST. JOSEPH LAND AND DEVELOPMENT COMPANY



Principal Place of Business
**1650 PRUDENTIAL DRIVE
STE 400
JACKSONVILLE FL 32207
US**

Mailing Address
**P O BOX 1390
JACKSONVILLE FL 32201
US**

3. Date Incorporated or Qualified **06/20/1905** 3a. Date of Last Report **02/02/1995**

4. FEI Number **59-0432765** 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
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANDERSON, R A
1650 PRUDENTIAL DRIVE
JACKSONVILLE, FL
32207**

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 _____ DATE _____

Signature of person performing registration or change of agent

Signature of person performing filing

DATE

12. OFFICERS AND DIRECTORS		
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FRASER S D	
STREET ADDRESS	1650 PRUDENTIAL DRIVE	
CITY - ST - ZIP	JACKSONVILLE, FL 32202	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	THORNTON, W L	
STREET ADDRESS	1650 PRUDENTIAL DRIVE	
CITY - ST - ZIP	JACKSONVILLE, FL 32202	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PETTY, C M	
STREET ADDRESS	1650 PRUDENTIAL DRIVE	
CITY - ST - ZIP	JACKSONVILLE, FL 32202	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BROWNIE, E. C	
STREET ADDRESS	1650 PRUDENTIAL DRIVE	
CITY - ST - ZIP	JACKSONVILLE, FL 32202	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ANDERSON, R A	
STREET ADDRESS	1650 PRUDENTIAL DRIVE	
CITY - ST - ZIP	JACKSONVILLE, FL 32202	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARLSON, W W	
STREET ADDRESS	1650 PRUDENTIAL DRIVE	
CITY - ST - ZIP	JACKSONVILLE, FL 32202	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed on an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APV 9 1996

904 396-6600

CR2E034 (12/95)