

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

APPROVED
AND
FILED

96 APR 29 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **216359** (0)

1. Corporation Name

ST JOHNS ENTERPRISES INC

Principal Place of Business

**500 EDWARD BALL BUILDING
JACKSONVILLE FL 32202-4388**

Mailing Address

**500 EDWARD BALL BUILDING
JACKSONVILLE FL 32202-4388**

2. Principal Place of Business

21 **50 North Laura St.**

22 Suite, Apt. #, etc.
Suite 3900

23 City & State
Jacksonville, FL

24 Zip **32202** 25 Country **Duval**

2a. Mailing Address

26 **50 North Laura St.**

27 Suite, Apt. #, etc.
Suite 3900

28 City & State
Jacksonville, FL

29 Zip **32202** 30 Country **Duval**

9. Name and Address of Current Registered Agent

**SELBER, LEONARD A
C/O HOLLAND & KNIGHT
50 NORTH LAURA ST., SUITE 3900
JACKSONVILLE FL 32202**

3. Date Incorporated or Qualified
10/16/1958

3a. Date of Last Report
02/16/1995

4. FEI Number

59-0857197

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

10. Name and Address of New Registered Agent

81 Name

Intrastate Registered Agent Corporation

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

701 Brickell Avenue, Suite 3000

83

84 City
Miami

FL

85 Zip Code
33131

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 **Donald W. Wallis, Vice President**

Donald W Wallis

3/15/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD SETZER, LEONARD R**
STREET ADDRESS **2326 FOREST POINT CT**
CITY - ST - ZIP **JACKSONVILLE, FL 00000**

TITLE ☐ DELETE
NAME **ST BENTLEY, C. ALAN**
STREET ADDRESS **2321 LIBERTY STREET**
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition
11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
400001799674
-04/29/96--01106--025
******200.00 ****200.00**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP
☐ Change ☐ Addition

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, or on an attachment with an address.

SIGNATURE:

Leonard R Setzer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/96

(904) 757-2749

DATE TIME PHONE #

CR2E034 (12/95)