

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

APPROVED  
AND  
FILED

1997 MAR 25 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **216359**

(0)

1. Corporation Name

**ST JOHNS ENTERPRISES INC**

Principal Place of Business

**50 NORTH LAURA ST.  
SUITE 3900  
JACKSONVILLE FL 32202**

Mailing Address

**50 NORTH LAURA ST.  
SUITE 3900  
JACKSONVILLE FL 32202-3622**

3. Date Incorporated or Qualified  
**10/16/1958**

3a. Date of Last Report  
**04/29/1996**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

2a. Mailing Address

**26** Suite, Apt. #, etc.

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

**23** City & State

**28** City & State

**24** Zip **25** Country

**29** Zip **30** Country

9. Name and Address of Current Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVENUE, SUITE 3000  
MIAMI FL 33131**

10. Name and Address of New Registered Agent

**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

(Sign, print, type or print name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **SETZER, LEONARD R**  
STREET ADDRESS **2326 FOREST POINT CT**  
CITY-STATE-ZIP **JACKSONVILLE, FL 00000**

TITLE **ST** ☒ DELETE

NAME **BENTLEY, C. ALAN**  
STREET ADDRESS **2321 LIBERTY STREET**  
CITY-STATE-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PDST** ☒ Change ☐ Addition

NAME **Leonard R. Setzer**  
STREET ADDRESS **903 University Blvd. North**  
CITY-STATE-ZIP **Jacksonville, FL 32211**

TITLE ☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do 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 with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)