PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 216359 1, Corporation Name

ST JOHNS ENTERPRISES INC

					<u> </u>	(18)(9(9)(9(9)(6(8)(9(8)(98)
Principal Place of Business Mailing Address					ו ווקום נוחר מוזים וקוון קסוים סומון יספון סנומו ו	11914 GIBN 91911 GIBN BIGN 1491
50 north Laura St. Buite 3900 Jacksonville Fl 32202		50 north Laura St. Suite 3900 Jacksonville Fl 32202		DO NOT WRITE IN THIS SPACE		
İ					3. Date Incorporated or Qualifed	
					10/16/1958	. , .,
2. Principal Place of Business		Za. Mailing Address		4. FEI Number	Applied For	
Suite, Apt. #, etc.		Suite, Apt #, etc.		59-0857197	Not Applicable	
22 23		27 Strie, Apr. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		Frankis Grandis Francis		
23		28		6. Flection Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country		Zip Country		8. This corporation owes the current year Intangible		
24	F1		30		Personal Property Tax. [] Yes [] No	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	Agent
81 Name						j
	ASTATE REGISTERED AGENT CO	DRPORATION	RATION 82 Street Add		ddress (P.O. Box Number is Not Acceptable)	
701 BRICKELL AVENUE, SUITE 3000						ì
) Milan	AI FL 33131		83			ł
			84	City	 El	85 Zip Code
44 Pursuant to the provisions of Sections 607 05002 and 607 1508. Florida Statutes, the above named covocration submits, this statement by the purpose of changing its recipioned						
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 of agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE						
Signature, typed or peniled name of registered agent and title if applicable (NOTE Registered Agent signature required						ND DIDECTORS IN 42
12.	PSTD	[] DELETE	13.		ADDITIONS/CHANGES TO OFFICERS A	Change [] Addition
NAME	SETZER, LEONARD R		1.2 NAME	l	ALL MENTAL TO TRANSPORT	* *
STREET ADDRESS	903 UNIVERSITY BLVD N.		13 STREET	ANGERSO	900002799 03/09/99-	11862010
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STREET ADDRESS			33 STREET	ADDR! SS)
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NAME			4 2 NAME			
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NAME	}		5.2 NAME		NO 199	ſ
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NAME	}		6 2 NAME			1
STREET ADDRESS			63 STRi-F	1		
CITY-ST-ZIP	<u> </u>		64 CITY-S	1-ZIP		

14. Thereby 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, with all other like empowered.

93 MAR - 9 PH 12: 38

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