

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90136 001 ***150.00

DOCUMENT # 471891

Corporation Name
ST. JOSEPH BAY ESTATES, INC.



Principal Place of Business
S. MONROE ST., #500
TALLAHASSEE FL 32301

Mailing Address
201 S. MONROE ST., #500
TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

Principal Place of Business		21. Mailing Address		3. Date Incorporated or Qualified 03/13/1975	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2989990	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent MILLER, WILTON R. 201 S. MONROE ST., #500 TALLAHASSEE FL 32301				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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	NAME	1.1 TITLE	1.2 NAME
VD	MILLER, SUSANNE D.	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
3015 WINDSOR WAY		2.1 TITLE	2.2 NAME
TALLAHASSEE FL		2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
PD	MILLER, WILTON R.	3.1 TITLE	3.2 NAME
201 S MONROE, #500		3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TALLAHASSEE FL		4.1 TITLE	4.2 NAME
STD	SANTE, LINDA M.	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
2146 SANDPEBBLE CT.		5.1 TITLE	5.2 NAME
TALLAHASSEE FL		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I 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, with a letter like empowered.

SIGNATURE:

Wilton R. Miller

4/13/99

350-222-8611

Date

Daytime Phone #

CR2E034 (11/98)