

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 14 AM 10: 04

DOCUMENT # 521515 (7)

1. Corporation Name
ST. JOHNS BAR PILOTS, INC.

Principal Place of Business Mailing Address
**4910 OCEAN STREET
MAYPORT FL 32233**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/31/1976** 3a. Date of Last Report **04/20/1994**

4. FEI Number **59-1939439** 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 2a. Mailing Address
21. State, Apt. #, etc. 26. State, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country

9. Name and Address of Current Registered Agent
**RANDOLPH, JAMES F
4910 OCEAN STREET
MAYPORT FL 32233**

10. Name and Address of New Registered Agent
81. Name **Eric C. Bryson**
82. Street Address (P.O. Box Number is Not Acceptable) **4910 Ocean Street**
83. **Mayport, Florida 32233**
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0503 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: _____

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	RANDOLPH, J F (RETIRED 12/31/94)
STREET ADDRESS	4910 OCEAN ST
CITY-STATE-ZIP	MAYPORT, FL 00000
TITLE	D
NAME	ALLBOTTEN, W A (Died 12-31-94)
STREET ADDRESS	4910 OCEAN ST
CITY-STATE-ZIP	MAYPORT, FL 00000
TITLE	VPSD
NAME	WALKER, S M (Died 4-03-94)
STREET ADDRESS	4910 OCEAN ST
CITY-STATE-ZIP	MAYPORT, FL 00000
TITLE	D
NAME	DULL, R E
STREET ADDRESS	4910 OCEAN ST
CITY-STATE-ZIP	MAYPORT, FL 00000
TITLE	D EC
NAME	BOLTON, J C JR
STREET ADDRESS	4910 OCEAN ST
CITY-STATE-ZIP	MAYPORT, FL 00000
TITLE	D
NAME	PARKER W R
STREET ADDRESS	4910 OCEAN ST
CITY-STATE-ZIP	MAYPORT FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (12)

1. TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	Eric C. Bryson	
3. STREET ADDRESS	4910 Ocean Street	
4. CITY-STATE-ZIP	Mayport, Florida 32233	
2. TITLE	VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	Philip C. Eldemire	
3. STREET ADDRESS	4910 Ocean Street	
4. CITY-STATE-ZIP	Mayport, Florida 32233	
3. TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	BLANCHART, L	
3. STREET ADDRESS	4910 OCEAN STREET	
3. CITY-STATE-ZIP	MAYPORT FL 32233	
4. TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	COLVER, D R	
4. STREET ADDRESS	4910 OCEAN STREET	
4. CITY-STATE-ZIP	MAYPORT, FL 32233	
5. TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME		
5. STREET ADDRESS		
5. CITY-STATE-ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
6. STREET ADDRESS		
6. CITY-STATE-ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(A), Florida Statutes. I further certify that the information contained 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 on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Eric C. Bryson* DATE: *3/12/95* *904-246-5837*