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Jan 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 521515 (7)  
1. Corporation Name  
ST. JOHNS BAR PILOTS, INC.



Principal Place of Business: 4910 OCEAN STREET, MAYPORT FL 32233  
Mailing Address: 4910 OCEAN STREET, MAYPORT FL 32233-2444

3. Date Incorporated or Qualified: 12/31/1976  
3a. Date of Last Report: 04/23/1996  
4. FEI Number: 59-1939439  
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 (21-24)  
2a. Mailing Address (26-30)  
22. Suite, Apt #, etc.  
23. City & State  
24. Zip, Country  
25. Country  
26. Suite, Apt #, etc.  
27. City & State  
28. City & State  
29. Zip, Country  
30. Zip, Country

9. Name and Address of Current Registered Agent: BRYSON, ERIC C, 4910 OCEAN STREET, MAYPORT FL 32233  
10. Name and Address of New Registered Agent (81-85)  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: FL

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS BRYSON, ERIC C 4910 OCEAN ST MAYPORT, FL 00000	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	<del>VP</del> <del>BLANCHARD, J</del> <del>4910 OCEAN ST</del> <del>MAYPORT, FL 00000</del>	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	VP J. P. Winegeart
STREET ADDRESS		2.3 STREET ADDRESS	4910 Ocean St.
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Mayport, Florida
TITLE	D COLVER, D. R 4910 OCEAN ST MAYPORT, FL 00000	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	D BOLTON, J C JR 4910 OCEAN ST MAYPORT, FL 00000	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	D PARKER W R 4910 OCEAN ST MAYPORT FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	D P. C. Eldemire
NAME		6.2 NAME	4910 Ocean St.
STREET ADDRESS		6.3 STREET ADDRESS	Mayport, Florida
CITY - ST - ZIP		6.4 CITY - ST - 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]* January 21 1997 904/249-5631  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)