

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90071 020 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 521515
 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
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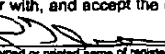
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 12/31/1976	
4. FEI Number 59-1939439	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 Name
JAMES P. THOMAS
 82 Street Address (P.O. Box Number is Not Acceptable)
4910 OCEAN STREET
 83
 84 City
MAYPORT, FL. **FL** 85 Zip Code
32233

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  **J.P. THOMAS President** 5/20/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PS	<input type="checkbox"/>
NAME	BRYSON, ERIC C	
STREET ADDRESS	4910 OCEAN ST	
CITY-ST-ZIP	MAYPORT, FL 00000	
TITLE	VP	<input type="checkbox"/>
NAME	WINEGEART, JP	
STREET ADDRESS	4910 OCEAN ST	
CITY-ST-ZIP	MAYPORT FL	
TITLE	D	<input type="checkbox"/>
NAME	COLVER, D. R	
STREET ADDRESS	4910 OCEAN ST	
CITY-ST-ZIP	MAYPORT, FL 00000	
TITLE	D	<input checked="" type="checkbox"/>
NAME	PARKER W R	
STREET ADDRESS	4910 OCEAN ST	
CITY-ST-ZIP	MAYPORT FL	
TITLE	D	<input type="checkbox"/>
NAME	ELDEMIRE, PC	
STREET ADDRESS	4910 OCEAN ST	
CITY-ST-ZIP	MAYPORT FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	PS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	JAMES P. THOMAS		
1.3 STREET ADDRESS	4910 OCEAN STREET		
1.4 CITY-ST-ZIP	MAYPORT, FL. 32233		
2.1 TITLE	VP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	WILLIAM M. BRAUER		
2.3 STREET ADDRESS	4910 OCEAN STREET		
2.4 CITY-ST-ZIP	MAYPORT, FL. 32233		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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)(l), 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.

SIGNATURE:  **J.P. THOMAS, Pres.** 4/29/99 704/249-5631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)