

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

8129260

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # 644942**

1. Corporation Name  
**ST. MARY'S RIVER BLUFFS, INC.**

FILED IN THE STATE OF FLORIDA  
DIVISION OF CORPORATIONS

99 APR 12 PM 3:42



Principal Place of Business  
**11635 NW 1ST AVE  
GAINESVILLE FL 32607**

Mailing Address  
**11635 NW 1ST AVE  
GAINESVILLE FL 32607**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/13/1979**  
4. FEI Number: **59-1979534**  
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 owes the current year Intangible Personal Property Tax:  Yes  No  
10. Name and Address of New Registered Agent

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

9. Name and Address of Current Registered Agent

**CURTIS, JOHN M  
11635 NW 1ST AVE  
GAINESVILLE FL 32607**

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

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

REGISTRATION AGENT'S SIGNATURE AND TITLE (IF APPLICABLE)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	[ ] DELETE
NAME	YARBROUGH, ED	
STREET ADDRESS	RT. 1, BOX 70	
CITY-STATE-ZIP	SANDERSON, FL 00000	
TITLE	VD	[ ] DELETE
NAME	RHODEN, THOMAS	
STREET ADDRESS	789 6TH ST S; POB 386	
CITY-STATE-ZIP	MACCLENNY, FL 00000	
TITLE	PD	[ ] DELETE
NAME	CURTIS, JOHN M	
STREET ADDRESS	11635 NW 1ST AVE	
CITY-STATE-ZIP	GAINESVILLE, FL 00000	
TITLE	AS	[ ] DELETE
NAME	CURTIS, GAIL W	
STREET ADDRESS	11635 NW 1ST AVE	
CITY-STATE-ZIP	GAINESVILLE, FL 00000	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	[ ] Change [ ] Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-STATE-ZIP	
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-ZIP	
31. TITLE	[ ] Change [ ] Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-STATE-ZIP	
41. TITLE	[ ] Change [ ] Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-STATE-ZIP	
51. TITLE	[ ] Change [ ] Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-STATE-ZIP	
61. TITLE	[ ] Change [ ] Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-STATE-ZIP	

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\*\*\*\*150.00\*\*\*\*150.00

*B/K*  
*4/12/99*

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John M. Curtis 03/29/99**

**352-332-0838**

President and Director

CR2E034 (11/98)