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CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 1:53

DOCUMENT # **649729** **(1)**

1. Corporation Name
ST. JOE CONTAINER COMPANY

Principal Place of Business	Mailing Address
1650 PRUDENTIAL DR. JACKSONVILLE FL 32207 US	PO BOX 1380 JACKSONVILLE FL 32201 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
12/31/1979	04/04/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 400	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number **59-1958256** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ANDERSON, R A 1650 PRUDENTIAL DR. JACKSONVILLE, FLORIDA 32207	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	THORNTON, W L	12 NAME	
STREET ADDRESS	1650 PRUDENTIAL DR.	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, R A	22 NAME	
STREET ADDRESS	1650 PRUDENTIAL DR	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	FRASER, STANLEY D	32 NAME	
STREET ADDRESS	1650 PRUDENTIAL DR.	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	PETTY, C.M.	42 NAME	
STREET ADDRESS	1650 PRUDENTIAL DR.	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	
TITLE	PD	51 TITLE	☐ Change ☐ Addition
NAME	BRAININ, H.L.	52 NAME	
STREET ADDRESS	1650 PRUDENTIAL DR.	53 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP	
TITLE	VD	61 TITLE	☐ Change ☐ Addition
NAME	NEDLEY, R E	62 NAME	
STREET ADDRESS	RAILROAD BLDG	63 STREET ADDRESS	
CITY-ST-ZIP	PT ST JOE FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: S. D. Fraser 1-12-95 (904) 396-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0022201 CP