FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 703918 (3)

1. Corporation Name

ST JOHNS DINNER CLUB INC

Principal Place of Business	Mailing Address
P. O. BOX 27033 JACKSONVILLE FL 32205	P. O. BOX 27033 JACKSONVILLE FL 32205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/19/1962
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-1022184 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GRAVES, JAMES E. III
2200 SEDGWICK PL
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	MILLER, GUNNAR	12 NAME	Daniel, Aubrey M	
STREET ADDRESS	1354 CHALLEN AVE.	13 STREET ADDRESS	1222 Grandview Dr	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	Jacksonville FL 32211	
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	GUY, N NIX, JR	22 NAME	Outlaw-Pate, Mary E	
STREET ADDRESS	131 NANDINA CIR	23 STREET ADDRESS	232 Janelle Ln	
CITY-ST-ZIP	PONTE VEDRA BCH FL	24 CITY-ST-ZIP	Jacksonville FL 32211	
TITLE	STD	31 TITLE		☐ Change ☐ Addition
NAME	GRAVES, JAMES E III	32 NAME		
STREET ADDRESS	2200 SEDGWICK PL	33 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	D	☒ Change ☐ Addition
NAME	DANIEL, AUBREY M	42 NAME	Bloia, John B	
STREET ADDRESS	1222 GRANDVIEW DR.	43 STREET ADDRESS	2118 Park St	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	44 CITY-ST-ZIP	Jacksonville FL 32204	
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	WINFIELD, JOHN A	52 NAME	Watson, Thomas C Jr	
STREET ADDRESS	249 PLANTATION CIR S	53 STREET ADDRESS	2371 Bridgette Way	
CITY-ST-ZIP	PONTE VEDRA BCH FL	54 CITY-ST-ZIP	Green Cove Springs FL 32043	
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	SNOWDEN, R. G JR	62 NAME		
STREET ADDRESS	1675 BISHOPS ESTATE RD	63 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James E Graves III April 28, 1995 904-739-0909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0024804