FILE NOW: FILING FEE AFTER MAY 1 IS $000.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # 719279 (2)

1. Corporation Name

THE ST. JOHNS ROOM, INC.

Principal Place of Business	Mailing Address
500 Water Street Jacksonville, FL 32202	500 Water Street Speed Code J-150 Jacksonville, FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/10/1970	3a. Date of Last Report: 02/23/94
4. FEI Number: 59-1303729	☐ 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. 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
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

BASNEY, WILLIAM C.
500 WATER STREET-SPEED CODE J-150
JACKSONVILLE, FL 32202

10. Name and Address of New Registered Agent

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 P/D NAME GREENE, RJ STREET ADDRESS 1668 PARK TERRACE W. CITY ST ZIP ATLANTIC BCH, FL	11 TITLE ☐ Change ☐ Addition 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP
TITLE D/V NAME BASNEY, W.C. STREET ADDRESS 2630 CASTLE RD. CITY ST ZIP JACKSONVILLE, FL	21 TITLE ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP
TITLE D NAME SHAUGHNESSY, NORMA STREET ADDRESS 3154 OLD FT CIR E, JACKSONVILLE, FL CITY ST ZIP	31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP
TITLE D NAME HALL, WILLIAM L. STREET ADDRESS 6433 OAK DRIVE CITY ST ZIP GREEN COVE SPRINGS, FL	41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP
TITLE D NAME BELL, JUDY P. STREET ADDRESS 5804 PERCH DRIVE N. CITY ST ZIP JACKSONVILLE, FL	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP
TITLE S/T/D NAME GALLAMORE, ANNE N. STREET ADDRESS 10808 HIGH RIDGE RD. CITY ST ZIP JACKSONVILLE, FL	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 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)(k), 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: William C Basney 4/25/95 904 359-1233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

William C. Basney