

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90148 039 \*\*\*150.00

DOCUMENT # F16434

1. Corporation Name

ST. JOE SERVICE CO., INC.

Principal Place of Business

% MARJORIE A WHITE  
101 GARRISON AVE.  
PT ST JOE FL 32456

Mailing Address

% MARJORIE A WHITE  
101 GARRISON AVE.  
PT ST JOE FL 32456

2. Principal Place of Business

21 301 GARRISON AVE

2a. Mailing Address

26 301 GARRISON AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 PORT ST JOE, FL.

City & State

28 PORT ST JOE, FL

Zip

24 32456

Country

25 GULF

Zip

29 32456

Country

30 GULF

9. Name and Address of Current Registered Agent

WHITE, MARJORIE A  
302 DUPONT DRIVE  
PT ST JOE FL 32456

3. Date Incorporated or Qualified

01/28/1981

4. FEI Number

59-2067281

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WHITE, WILLIAM E	
STREET ADDRESS	302 DUPONT DRIVE	
CITY-ST-ZIP	PORT ST JOE, FL 00000	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	WHITE, MARJORIE A	
STREET ADDRESS	302 DUPONT DRIVE	
CITY-ST-ZIP	PORT ST JOE, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WHITE, DAVID K.	
STREET ADDRESS	302 DUPONT DRIVE	
CITY-ST-ZIP	PORT ST. JOE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VD WHITE, DAVID K.
3.3 STREET ADDRESS	1020-B WOODWARD AVENUE
3.4 CITY-ST-ZIP	Port St Joe, FL 32456
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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, with all other like empowered.

SIGNATURE:

*Marjorie A. White*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99

Date

850-2296914

Daytime Phone #

CR2E034 (11/98)