FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F78817** **(6)**

1. Corporation Name

ST. JOHNS SERVICE COMPANY

Principal Place of Business	Mailing Address
200 N LAURA ST. 10TH FLOOR P O BOX 52506 JACKSONVILLE FL 32201-9506	200 N LAURA ST. 10TH FLOOR P O BOX 52506 JACKSONVILLE FL 32201-9506

3. Date Incorporated or Qualified: **05/04/1982**
3a. Date of Last Report: **03/10/1995**

4. FEI Number: **59-2188041** ☐ 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

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

DUSS, JOHN S., IV
1600 ATLANTIC BANK BLDG., 200 W FORSYTH ST
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box No. Only is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1008, 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	EADIE, ANN		12 NAME	
STREET ADDRESS	200 N LAURA ST 10 FLOOR		13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000		14 CITY-ST-ZIP	
TITLE	D	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	MCRAE, WALTER A		22 NAME	
STREET ADDRESS	1725 MEMORIAL PARK DRIVE		23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000		24 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	STEIN, ROBERT		32 NAME	
STREET ADDRESS	121 ATLANTIC PLACE #200		33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000		34 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	WHITMIRE, G.W., JR.		42 NAME	
STREET ADDRESS	200 N.LAURA ST.,#10 FL.		43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000		44 CITY-ST-ZIP	
TITLE	VTA	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	GRAHAM, HENRY H., JR.		52 NAME	
STREET ADDRESS	1725 MEMORIAL PARK DRIVE		53 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000		54 CITY-ST-ZIP	
TITLE	D	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	WHITMIRE, G W		62 NAME	
STREET ADDRESS	4909 ARAPAHOE AVE		63 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing, if voluntary, 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 3-25-96 — Daytime Phone Number: (904) 358-2529

CR2E034 (12/95)