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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F78817

1. Corporation Name

ST. JOHNS SERVICE COMPANY

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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1982

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S
NAME WINKLER, ANN
STREET ADDRESS 200 N LAURA ST 10 FLOOR
CITY-ST-ZIP JACKSONVILLE, FL 00000

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME MCRAE, WALTER A
STREET ADDRESS 1725 MEMORIAL PARK DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 00000

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VD
NAME STEIN, ROBERT
STREET ADDRESS 121 ATLANTIC PLACE #200
CITY-ST-ZIP JACKSONVILLE, FL 00000

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DP
NAME WHITMIRE, G.W., JR.
STREET ADDRESS 200 N LAURA ST., #10 FL.
CITY-ST-ZIP JACKSONVILLE, FL 00000

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VTA
NAME GRAHAM, HENRY H., JR.
STREET ADDRESS 1725 MEMORIAL PARK DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 00000

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME WHITMIRE, G W
STREET ADDRESS 4909 ARAPAHOE AVE
CITY-ST-ZIP JACKSONVILLE, FL 00000

6.1 TITLE
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:

G. Whitmire, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-99 (904) 358-2529
Date Daytime Phone #

CR2E034 (1/98)