2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State
03-12-2004 90022 025 ***150.00

DOCUMENT # F78817

1. Entity 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

DO NOT WRITE IN THIS SPACE

01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2188041
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DUSS, JOHN S., IV
10110 SAN JOSE BLVD
JACKSONVILLE, FL 32257

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	EADIE, ANN
STREET ADDRESS	200 N LAURA ST 10 FLOOR
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D
NAME	MCRAE, WALTER A
STREET ADDRESS	1725 MEMORIAL PARK DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 00000,
TITLE	VD
NAME	STEIN, ROBERT
STREET ADDRESS	121 ATLANTIC PLACE #200
CITY-ST-ZIP	JACKSONVILLE, FL 00000,
TITLE	DP
NAME	WHITMIRE, G.W., JR.
STREET ADDRESS	200 N.LAURA ST.,#10 FL.
CITY-ST-ZIP	JACKSONVILLE, FL 00000,
TITLE	VTA
NAME	GRAHAM, HENRY H., JR.
STREET ADDRESS	1725 MEMORIAL PARK DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 00000,
TITLE	D
NAME	WHITMIRE, G W
STREET ADDRESS	4909 ARAPAHOE AVE
CITY-ST-ZIP	JACKSONVILLE, FL 00000,

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: G.W. Whitmire, Jr. 03.09.04 904.358.2529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #