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 # G07986 (4)

1. Corporation Name
ST. JOHNS HARBOUR, INC.

Principal Place of Business
%JAMES E. DAVIDSON, JR. (QUADRANT I)
4651 SALISBURG RD. SUITE 250
JACKSONVILLE FL 32256

Mailing Address
%JAMES E. DAVIDSON, JR. (QUADRANT I)
4651 SALISBURG RD. SUITE 250
JACKSONVILLE FL 32256

3. Date Incorporated or Qualified: 11/10/1982
3a. Date of Last Report: 01/30/1995

2. Principal Place of Business
21 2395 Int'l Golf Pkwy
Suite, Apt. #, etc.
22
City & State
23 St. Augustine, FL
Zip
24 32095
Country
25

2a. Mailing Address
26 2395 Int'l Golf Pkwy
Suite, Apt. #, etc.
27
City & State
28 St. Augustine, FL
Zip
29 32095
Country
30

4. FEI Number: ~~59-2870650~~ 62-1382541 ☐ 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

9. Name and Address of Current Registered Agent

DAVIDSON, JAMES E., JR.
QUADRANT I
4651 SALISBURY RD., SUITE 250
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 2395 International Golf Parkway
83
84 City St. Augustine FL 85 Zip Code 32095

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

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
DP	BAIONI, LOUIS	3797 NEW GETWELL RD.	MEMPHIS TN	☐ DELETE
D	FISHER, RICHARD L.	3797 NEW GETWELL RD.	MEMPHIS TN	☐ DELETE
DVT	WEATHERBY, H. J.	3797 NEW GETWELL RD.	MEMPHIS TN	☐ DELETE
S	STUBBLEFIELD, WILLIAM H.	3797 NEW GETWELL RD.	MEMPHIS TN	☐ DELETE
T	DAVIDSON, JAMES E. JR.	4651 SALSBURY RD. #250	JACKSONVILLE FL	☐ DELETE
				☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] LOUIS BAIONI — 4/29/96 — (901) 369-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)