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May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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	Mailing Address
2395 INT'L GOLF PKWY 4651 SALISBURG RD. SUITE 250 ST AUGUSTINE FL 32095 US	2395 INT'L GOLF PKWY 4651 SALISBURG RD. SUITE 250 ST. AUGUSTINE FL 32095-8428 US

2. Principal Place of Business
21 3797 New Getwell Road
Suite, Apt. #, etc.
22
City & State
23 Memphis, TN
Zip 24 38118 Country 25 USA

2a. Mailing Address
26 3797 New Getwell Road
Suite, Apt. #, etc.
27
City & State
28 Memphis, TN
Zip 29 38118 Country 30 USA

3. Date Incorporated or Qualified: 11/10/1982
3a. Date of Last Report: 05/01/1996
4. FEI Number: 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.
2395 INT'L GOLF PKWY
4651 SALISBURY RD., SUITE 250
ST. AUGUSTINE FL 32095

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BAIONI, LOUIS		1.2 NAME		
STREET ADDRESS	3797 NEW GETWELL RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS TN		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FISHER, RICHARD L.		2.2 NAME		
STREET ADDRESS	3797 NEW GETWELL RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS TN		2.4 CITY-ST-ZIP		
TITLE	DVT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WEATHERBY, H. J.		3.2 NAME		
STREET ADDRESS	3797 NEW GETWELL RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS TN		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STUBBLEFIELD, WILLIAM H.		4.2 NAME		
STREET ADDRESS	3797 NEW GETWELL RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS TN		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DAVIDSON, JAMES E. JR.		5.2 NAME		
STREET ADDRESS	4651 SALSBURY RD. #250		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: _____ 4/28/97 (901) 369-1500