FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G48261

ST. JOHNS INVESTMENTS, INC.

(3)

FILED Feb 16 1998 8:00am Secretary of State

Principat Plac	e of Business	Mailing Address	<u>-</u>		L GARLYIN AGII BIRRE IRING IIBER BREIT III.	*** ***** ***** ***** ***** ****
28 CORDOVA ST 28 CORDOVA ST ST AUGUSTINE FL 32084 ST AUGUSTINE FL 32084			ı		DO NOT WRITE IN THI	S SPACE
					 Date Incorporated or Qualified 07/11/1983 	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21		26		59-2263636	Not Applicable	
Suite, Apt.	#, olc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State				Fee Required
23		28 State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Ζ φ	Count	try	8. This corporation owes or has paid the c	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	g. Name and Address of Curre	ent Registered Agent		Name	10. Name and Address of New Registere	1 Agent
Traynor, John Michael Esq. 28 Cordova Street				1		
	AUGUSTINE FL 32084				dress (P.O. Box Number is Not Acceptable)	
			[8	3		
			8	4 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0!	02 and 607.1508, Florida Statute	es, the abo	ve-named cor		
office or r agent. La	registered agent, or both, in the Stat im familiar with, and accept the obli	le of Florida. Such change was a gations of, Section 607.0505, Flo	authorized orida Statut	by the corpora	poration submits this statement for the purpose ation's board of directors. I hereby accept the appropriate the statement of	pointment as registered
SIGNATURE	Signature, typed or printed name of requitmed a	DOT	L francisco d	lance signature raw	uired when reinstaling) DATE	
12.		NO DIRECTORS	13.	deut aithrainte tedo	ADDITIONS/CHANGES TO OFFICERS A	JD DIRECTORS IN 12
TITLE	DCP	☐ DELET€	1.1 1011		715511107107070711110000 10 017100110711	☐ Change ☐ Addition
NAME	HARDISON, ADAM M		1.2 NAM	E)		
STREET ADDRESS	7661 A1A SOUTH		1.3 STRE	ET ADDRESS		
CITY-S1-ZIP	ST.AUGUSTINE FL			-ST-ZIP		
TITLE	DST DECLARA	☐ DELFTE	2.1 TITLE			Change Addition
NAME	BROWN, SANDRA		2.2 NAM	1		
STREET ADDRESS	RT 1 BOX 132 ROCKINGHAM, NC 00000			ET ADORESS		
CHY-ST-ZIP TITLE	NOONING ISM, NO 00000	DELETE	2.4 CIII	r-ST-ZIP		Change Addition
RAME		_ perint	3.2 NAM	Ŧ		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAN	AE .		
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY-ST-ZIP	\		4.4 CITY			
TITLE		☐ DELETE	5 1 TI7LE		•	Change Addition
NAME			5.2 NAM	i		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY			Change Addition
THILE		[] Deterie	6.1 TITLE 6.2 NAM	1		TO CHROME THE MORNING
NAME CYPECT ADDRESS				1		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP	orthy that the information conviled	with the filling door not curately to		-ST-ZIP	Section 119 07/3Vi) Florida Statutes further	certify that the Information

4. 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 informatio indicated on this annual report or suppliemental 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:

Janew Brown

Jandra Brow

1-29-98

910-895-1434