FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 25 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G77745** **(9)**

1. Corporation Name

ST. JOHNS INVESTMENT MANAGEMENT COMPANY

Principal Place of Business	Mailing Address
1301 GULF LIFE DR STE 2130 JACKSONVILLE FL 32207-9026	1301 GULF LIFE DR STE 2130 JACKSONVILLE FL 32207-9026

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/09/1984**
3a. Date of Last Report: **04/26/1994**

21 2. Principal Place of Business	1301 Riverplace Blvd
22 Suite, Apt. #, etc	Suite 2130
23 City & State	Jacksonville, FL
24 ZIP / 25 Country	32207-9026 /
26 2a. Mailing Address	1301 Riverplace Blvd
27 Suite, Apt. #, etc	Suite 2130
28 City & State	Jacksonville, FL
29 Zip / 30 Country	32207-9026 /

4. FEI Number: **59-2358951** ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ALBANEZE, DAVID T.
1301 GULF LIFE DRIVE
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name: Same

82 Street Address (P.O. Box Number is Not Acceptable): 1301 RIVERPLACE BLVD, SUITE 2130

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	RIDGWAY, MELVIN	12 NAME	
STREET ADDRESS	3943 SARAH BOOKE CT.	13 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	14 CITY ST ZIP	
TITLE	DC	21 TITLE	☐ Change ☐ Addition
NAME	TOOLE, ALBERT J., III	22 NAME	
STREET ADDRESS	3824 BETTES CIR	23 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	24 CITY ST ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	ALBANEZE, DAVID T.	32 NAME	
STREET ADDRESS	8004 WHISPER LAKE LN.	33 STREET ADDRESS	
CITY ST ZIP	PONTE VERDE BCH. FL	34 CITY ST ZIP	
TITLE	ST	41 TITLE	☐ Change ☐ Addition
NAME	DAY, LATRELLE W.	42 NAME	
STREET ADDRESS	2788 CLAREMONT CIR EAST	43 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	44 CITY ST ZIP	
TITLE		51 TITLE	VICE-PRESIDENT ☐ Change ☒ Addition
NAME		52 NAME	BEALE, CELESTE R
STREET ADDRESS		53 STREET ADDRESS	1141 NICHOLSON RD
CITY ST ZIP		54 CITY ST ZIP	JACKSONVILLE, FL 32207
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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: DAVID T. ALBANEZE President 4/20/95 904-399-0612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6016007 CP