

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90781 041 ***150.00

0024290 AV

DOCUMENT # G77745

1. Entity Name

ST. JOHNS INVESTMENT MANAGEMENT COMPANY

Principal Place of Business

**1301 RIVERPLACE BLVD
 2530
 JACKSONVILLE FL 32207-9026
 US**

Mailing Address

**1301 RIVERPLACE BLVD
 2530
 JACKSONVILLE FL 32207-9026
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2358951

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ALBANEZE, DAVID T.
 1301 RIVERPLACE BLVD
 SUITE 2530
 JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
 NAME **RIDGWAY, MELVIN**
 STREET ADDRESS **3943 SARAH BOOKE CT.**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **DC** ☐ Delete
 NAME **TOOLE, ALBERT J., III**
 STREET ADDRESS **3824 BETTES CIR**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VP** ☐ Delete
 NAME **PRICE, DAVID W**
 STREET ADDRESS **2271 FLATWOOD CT**
 CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **PD** ☐ Delete
 NAME **ALBANEZE, DAVID T**
 STREET ADDRESS **7820 JAMES ISLAND TRAIL**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **VP** ☐ Delete
 NAME **PAYNE, DAN**
 STREET ADDRESS **149 COTTAIL CR**
 CITY-ST-ZIP **JACKSONVILLE FL 32259**

TITLE **S** ☐ Delete
 NAME **CRAMER, PAM**
 STREET ADDRESS **10612 QUAIL RIDGE DR**
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32095**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Change ☒ Addition
 NAME **JOHN L. ALLEN, JR.**
 STREET ADDRESS **4399 PHILLIPS PLACE**
 CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)