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 # **H12977** **(5)**

1. Corporation Name
ST. JOHNS VALLEY CORPORATION

Principal Place of Business
421 NORTH WOODLAND BLVD.
CAMPUS BOX 8318
DELAND FL 32720-3782

Mailing Address
421 NORTH WOODLAND BLVD.
CAMPUS BOX 8318
DELAND FL 32720-3782

3. Date Incorporated or Qualified: 06/29/1984
3a. Date of Last Report: 10/27/1995
4. FEI Number: 59-2428165 ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

GRAHAM, AMY Y
421 NORTH WOODLAND BLVD.
BOX 8278
DELAND FL 32720

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 ____________ DATE ____________

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	LEE, H. DOUGLAS	
STREET ADDRESS	850 NORTH BOSTON AVENUE	
CITY-ST-ZIP	DELAND FL	
TITLE	D	☐ DELETE
NAME	BROWN, J. HYATT	
STREET ADDRESS	213 RIVERSIDE DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	DS	☐ DELETE
NAME	RENFROE, LOWELL E.	
STREET ADDRESS	230 NORTH WOODLAND BLVD.	
CITY-ST-ZIP	DELAND FL	
TITLE	DT	☐ DELETE
NAME	GRAHAM, ANN	
STREET ADDRESS	623 N. AMELIA AVE.	
CITY-ST-ZIP	DELAND FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(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: Ann G. Graham 3/15/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Vice President for Business and Finance
Date Daytime Phone #

CR2E034 (12/95)