

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

FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H12977** (5)
1. Corporation Name
ST. JOHNS VALLEY CORPORATION

Principal Place of Business 421 NORTH WOODLAND BLVD. CAMPUS BOX 8810 DELAND FL 32720-3782	Mailing Address 421 NORTH WOODLAND BLVD. CAMPUS BOX 8810 DELAND FL 32720-3780
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3. Date Incorporated or Qualified 06/29/1984	3a. Date of Last Report 03/22/1996
4. FEI Number 59-2428165	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 421 N WOODLAND BLVD Suite, Apt. #, etc. 22 UNIT 8278 City & State 23 DELAND FL Zip 24 32720-3756 Country 25 USA	2a. Mailing Address 26 421 N WOODLAND BLVD Suite, Apt. #, etc. 27 UNIT 8278 City & State 28 DELAND FL Zip 29 32720-3756 Country 30 USA
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9. Name and Address of Current Registered Agent
GRAHAM, ANN Y
421 NORTH WOODLAND BLVD.
BOX 8278
DELAND FL 32720

10. Name and Address of New Registered Agent
81 Name **GRAHAM, ANN Y (MISPRINTED NAME IN #9.)**
82 Street Address (P.O. Box Number is Not Acceptable)
421 N WOODLAND BLVD
83 **UNIT 8278**
84 City **DELAND** FL 85 Zip Code **32720**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LEE, H. DOUGLAS 850 NORTH BOSTON AVENUE DELAND FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PD LEE, H. DOUGLAS 418 N WOODLAND BLVD DELAND FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWN, J. HYATT 213 RIVERSIDE DRIVE ORMOND BEACH FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS RENFROE, LOWELL E. 230 NORTH WOODLAND BLVD. DELAND FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT GRAHAM, ANN 623 N. AMELIA AVE. DELAND FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	DT GRAHAM, ANN 1670 JIMBER EDGE DR DELAND FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0005499

CR2E034 (9/96)