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Mar 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **H14620**

(9)

1. Corporation Name

ST. LUKE'S ENTERPRISES, INC.

Principal Place of Business

**4201 BELFORT ROAD
JACKSONVILLE FL 32216**

Mailing Address

**4201 BELFORT ROAD
JACKSONVILLE FL 32216-1431**

3. Date Incorporated or Qualified
07/30/1984

3a. Date of Last Report
07/09/1996

2. Principal Place of Business

21 State, Apt. #, etc.
22 City & State
23 Zip

2a. Mailing Address

26 State, Apt. #, etc.
27 City & State
28 Zip

4. FEI Number

59-2723545

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

9. Name and Address of Current Registered Agent

**READ, J. LARRY
4201 BELFORT ROAD
JACKSONVILLE FL 32216**

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

(Signature of Registered Agent, if any, and of each director, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME
12.2 STREET ADDRESS
12.3 CITY, ST, ZIP
12.4 TITLE
12.5 NAME
12.6 STREET ADDRESS
12.7 CITY, ST, ZIP
12.8 TITLE
12.9 NAME
12.10 STREET ADDRESS
12.11 CITY, ST, ZIP
12.12 TITLE
12.13 NAME
12.14 STREET ADDRESS
12.15 CITY, ST, ZIP
12.16 TITLE
12.17 NAME
12.18 STREET ADDRESS
12.19 CITY, ST, ZIP
12.20 TITLE

**D
ANDERSON, JAMES G.
4201 BELFORT RD
JACKSONVILLE FL
P
HERRELL, JOHN H
200 SW 1ST STREET
ROCHESTER MN
VC
READ, J. LARRY
4201 BELFORT RD.
JACKSONVILLE FL
C
BLACK, LEO F., M.D.
4500 SAN PABLO RD.
JACKSONVILLE FL
ST
HUBER, HAROLD
4201 BELFORT RD
JACKSONVILLE FL**

☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY-ST-ZIP
13.5 TITLE
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY-ST-ZIP
13.9 TITLE
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY-ST-ZIP
13.13 TITLE
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY-ST-ZIP

☐ Change

☐ Addition

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☐ 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 included 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

3/4/97

904-296-4607

0034931

CR2E034 (9/96)