

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

FILED
Apr 19 1996 8:00 am
Secretary of State

DOCUMENT # H82653 (7)

1. Corporation Name

ST. JOE FOREST PRODUCTS COMPANY



Principal Place of Business

1650 PRUDENTIAL DRIVE
STE 400
JACKSONVILLE FL 32207
US

Mailing Address

P O BOX 1380
JACKSONVILLE FL 32201
US

3. Date Incorporated or Qualified
10/25/1985

3a. Date of Last Report
02/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2596211

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23

City & State

27

City & State

24

Zip

Country

28

Zip

Country

25

29

30

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

10. Name and Address of New Registered Agent

ANDERSON, R.A.
1650 PRUDENTIAL DRIVE
JACKSONVILLE FL 32207

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, typed or printed name of registered agent and fee 1 application)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
NEDLEY, R E
RAILROAD BUILDING 1ST STREET
PORT ST JOE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
PETTY, C. M.
1650 PRUDENTIAL DR., #400
JACKSONVILLE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
FORD, E.T.
RAILROAD BUILDING 1ST STREET
PORT ST JOE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DC
THORNTON, W L
1650 PRUDENTIAL DR., #400
JACKSONVILLE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
ANDERSON, R. A.
1650 PRUDENTIAL DR., #400
JACKSONVILLE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
BROWNLIE, E.C.
1650 PRUDENTIAL DR., #400
JACKSONVILLE FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 9, 1996

Date

904-396-6600

Daytime Phone #

CR2E034 (12/95)