

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J83867

FILED
Apr 08, 2010
Secretary of State

Entity Name: ST. JOE UTILITIES COMPANY

Current Principal Place of Business:

245 RIVERSIDE AVENUE
SUITE 500
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

Current Mailing Address:

245 RIVERSIDE AVENUE, SUITE 500
ATTN: LEGAL DEPT.
JACKSONVILLE, FL 32202 US

New Mailing Address:

FEI Number: 59-2841388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARX, CHRISTINE M
245 RIVERSIDE AVENUE
SUITE 500
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

THE ST. JOE COMPANY
245 RIVERSIDE AVENUE
SUITE 500
JACKSONVILLE, FL 32202 US

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: REECE B. ALFORD, AS ITS SECRETARY

04/08/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP
Name: GREENE, WM. BRITTON
Address: 245 RIVERSIDE AVENUE, SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: DEVP
Name: MCCALMONT, WILLIAM S
Address: 245 RIVERSIDE AVENUE, SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: SVP
Name: CONNOLLY, JANNA L
Address: 245 RIVERSIDE AVENUE, SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: SVP
Name: SPENCE, THOMAS R
Address: 39 RIVERWALK BOULEVARD
City-St-Zip: ST. JOHNS, FL 32259 US

Title: VPT
Name: CHILDERS III, DAVID F
Address: 245 RIVERSIDE AVENUE, SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202

Title: S
Name: ALFORD, REECE B
Address: 245 RIVERSIDE AVENUE, SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: REECE B. ALFORD

S

04/08/2010

Electronic Signature of Signing Officer or Director

Date