FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
95 JAN 27 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L36914** **(4)**

1. Corporation Name
ST. JOE TERMINAL COMPANY

Principal Place of Business	Mailing Address
1650 PRUDENTIAL DR S400 JACKSONVILLE FL 32207 US	PO BOX 1380 JACKSONVILLE FL 32201 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/14/1989**
3a. Date of Last Report: **04/04/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: **59-2982510** ☐ 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

ANDERSON, R.A.
1650 PRUDENTIAL DR.
SUITE 400
JACKSONVILLE FL 32207

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE		☐ Change ☐ Addition
NAME	BELIN, J.C.	1.2 NAME		
STREET ADDRESS	1601 GARRISON AVENUE	1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. JOE FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	FORD, E. T.	2.2 NAME		
STREET ADDRESS	100 ST. JOSEPH DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. JOE FL	2.4 CITY-ST-ZIP		
TITLE	DV	3.1 TITLE	D	☒ Change ☐ Addition
NAME	FRASER, S.D.	3.2 NAME		
STREET ADDRESS	4836 KING RICHARD RD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP		
TITLE	DV	4.1 TITLE		☐ Change ☐ Addition
NAME	THORNTON, W L	4.2 NAME		
STREET ADDRESS	1650 PRUDENTIAL DR 400	4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP		
TITLE	DV	5.1 TITLE		☐ Change ☐ Addition
NAME	NEDLEY, R.E.	5.2 NAME		
STREET ADDRESS	2004 MONUMNET AVE.	5.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. JOE FL	5.4 CITY-ST-ZIP		
TITLE	S	6.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, R A	6.2 NAME		
STREET ADDRESS	1650 PRUDENTIAL DR	6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	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)(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: S. D. Fraser — S. D. Fraser — 1-12-95 — (904) 396-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0028107 CP