


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

FILED  
May 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # L36914 (4)</b> 1. Corporation Name <b>ST. JOE TERMINAL COMPANY</b>			
Principal Place of Business <b>1650 PRUDENTIAL DR S400 JACKSONVILLE FL 32207 US</b>		Mailing Address <b>PO BOX 1380 JACKSONVILLE FL 32201 US</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent <b>ANDERSON, R.A. 1650 PRUDENTIAL DR. SUITE 400 JACKSONVILLE FL 32207</b>		10. Name and Address of New Registered Agent 81 Name <b>Robert M. Rhodes</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1650 Prudential Drive, Suite 400</b> 83 84 City <b>Jacksonville, FL</b> 85 Zip Code <b>32207</b>	
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 <i>Robert M. Rhodes</i> 4/29/98 Signature of Robert M. Rhodes (NOTE: Registered Agent signature required when reappointing) DATE			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP 1. <b>DP</b> <b>BEIN, J.C.</b> <b>1601 GARRISON AVENUE</b> <b>PORT ST. JOE FL</b> <input checked="" type="checkbox"/> DELETE 2. <b>DV</b> <b>PARRISH, R.W.</b> <b>RAILROAD BUILDING</b> <b>PORT ST. JOE FL</b> <input checked="" type="checkbox"/> DELETE 3. <b>DV</b> <b>THORNTON, W L</b> <b>1650 PRUDENTIAL DR 400</b> <b>JACKSONVILLE FL</b> <input checked="" type="checkbox"/> DELETE 4. <b>DV</b> <b>NEDLEY, R.E.</b> <b>2004 MONUMNET AVE.</b> <b>PORT ST. JOE FL</b> <input checked="" type="checkbox"/> DELETE 5. <b>S</b> <b>ANDERSON, R A</b> <b>1650 PRUDENTIAL DR</b> <b>JACKSONVILLE FL</b> <input checked="" type="checkbox"/> DELETE 6. <b>T</b> <b>PETTY, C.M.</b> <b>1650 PRUDENTIAL DRIVE, #400</b> <b>JACKSONVILLE FL</b> <input checked="" type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <b>CD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME <b>Peter S. Rummell</b> 1.3 STREET ADDRESS <b>1650 Prudential Drive, Suite 400</b> 1.4 CITY-ST-ZIP <b>Jacksonville, FL 32207</b> 2.1 TITLE <b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME <b>Charles A. Ledsinger, Jr.</b> 2.3 STREET ADDRESS <b>1650 Prudential Drive, Suite 400</b> 2.4 CITY-ST-ZIP <b>Jacksonville, FL 32207</b> 3.1 TITLE <b>SVPD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME <b>Robert M. Rhodes</b> 3.3 STREET ADDRESS <b>1650 Prudential Drive, Suite 400</b> 3.4 CITY-ST-ZIP <b>Jacksonville, FL 32207</b> 4.1 TITLE <b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME <b>J. Malcolm Jones, Jr.</b> 4.3 STREET ADDRESS <b>1650 Prudential Drive, Suite 400</b> 4.4 CITY-ST-ZIP <b>Jacksonville, FL 32207</b> 5.1 TITLE <b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME <b>R. Wayne Parrish</b> 5.3 STREET ADDRESS <b>1650 Prudential Drive, Suite 400</b> 5.4 CITY-ST-ZIP <b>Jacksonville, FL 32207</b> 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/14/1989</b>	
4. FEI Number <b>59-2982510</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

14. I 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 *Robert M. Rhodes* 4/29/98 2011 396-1112

CR2E034 (10/97)