

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

APPROVED
AND
FILED

95 APR -4 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M94493 (7)

1. Corporation Name

ST. JOHNS BLUFF, INC.

Principal Place of Business

**111 RIVERSIDE AVENUE
% THE HASKELL COMPANY P.O. BOX 44100
JACKSONVILLE FL 32202-4805**

Mailing Address

**111 RIVERSIDE AVENUE
% THE HASKELL COMPANY P.O. BOX 44100
JACKSONVILLE FL 32202-4805**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

08/12/1988

3a. Date of Last Report

04/26/1994

4. FEI Number

59-2904013

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

**PARK, CHRISTOPHER S.
111 RIVERSIDE AVENUE
P.O. BOX 44100
JACKSONVILLE FL 32231**

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, typed or printed name of registered agent and title if applicable

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

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
VANDERGRIFT, C. EDWARD
HASKELL BLDG.
JACKSONVILLE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
PARK, CHRISTOPHER S.
HASKELL BLDG.
JACKSONVILLE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

K Change ☐ Addition
**111 Riverside Avenue
Jacksonville, FL 32202**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

K Change ☐ Addition
**111 Riverside Avenue
Jacksonville, FL 32202**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 110.07(3)(b), 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 record or a person empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if I am a director or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TITLE OF REGISTERED AGENT OR DIRECTOR

C. Edward Vandergriff, Director

1/16/95 (904) 791-4500

Date

Telephone Number