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

CORPORATION ANNUAL REPORT

1998

Complete September 1981 September 1981



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M94493

**FILED** Feb 09 1998 8:00am Secretary of State

ST. JOHNS BLUFF, INC. Principal Place of Business Mailing Address 111 RIVERSIDE AVENUE \*\* THE HASKELL COMPANY P.O. BOX 44100 111 RIVERSIDE AVENUE % THE HASKELL COMPANY P.O. BOX 44100 JACKSONVILLE FL 32202-4905 JACKSONVILLE FL 32202-4905 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/12/1988 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 21 59-2904013 26 Not Applicable Suite, Apt. #, etc. Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Zip Country Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes □ No g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PARK, CHRISTOPHER S. 111 RIVERSIDE AVENUE Street Address (P.O. Box Number is Not Acceptable) P.O. BOX 44100 83 JACKSONVILLE FL 32231 84 City 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 4 approaching (NOTE: Registered Agent signature required when reinstating) (10/97 OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Change Addition TITLE VANDERGRIFF, C. EDWARD NAME 1.2 NAME 111 RIVERSIDE AVE STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE PARK, CHRISTOPHER S. NAME 2.2 NAME 111 RIVERSIDE AVE STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL NTY-ST-71P 2.4 CITY-S1-ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Addition Change TITLE 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE TITLE 6.1 THILE Change Addition 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 City - St - 7/P ation 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 for supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an application or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in ed, or on an attachment with an address. 14. I hereby certify that the information indicated on this annual epotificer or director of the cort

1/28/08