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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N9600005505 (0)

ST. JOHNS TRADING PLAZA ASSOCIATION, INC.

FILED May 08 1997 8:00am Secretary of State

Principal Place of Business Mailing Address				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
9250 BAYMEADOWS ROAD JACKSONVILLE FL 32256		9250 BAYMEADOWS FROAD JACKSONVILLE FL 32256-1883						
		• • • • • • • • • • • • • • • • • • • •			3. Date Incorporated or Qualified 10/25/1996	3a. Da	te of Last	Report
	ace of Business	2a. Mailing Address			4. FEI Number			Applied For
11		26	······································			. ***		Not Applicable
Suite, Apl	#, eic. te: 400	Suite, Apt. #, etc.	00		5. Certificate of Status Desired			Additional Required
City & State	9	City & State			Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
Zip	Country	Zıp	Cou	ntry	8. This corporation has liability fo	r intangible	tax under	
4	9. Name and Address of Curr	29	30		Florida Statutes 10. Name and Address of New R	Yes 2		
	y, Name and Address of Curi	rent registered Agent		81 Name	TU. Name and Address of New H	redisteled t	-gent	
SUITH C	ALIDE ID					615		<u>,</u>
SMITH, CLAUDE JR. 9250 BAYMEADOWS ROAD			<u></u>		dress (P.O. Box Number is Not Accepte	apie)	····	
JACKSON	WILLE FL 32258			83				
				84 City		FL	85 Zi	p Code
11. Pursuant I	to the provisions of Sections 617.0	0502 and 617,1508, Florida Sta	atutes, the ab	ove-named cor	rporation submits this statement for the		changing	its registered
						משם שוווישט	Out the rick it i	do i o Braco, o d
SIGNATURE					rporation submits this statement for the ation's board of directors. I hereby acc		· · · · · · · · · · · · · · · · · · ·	
SIGNATURE _	Signature, typed or printed name of registered	agent and title if applicable. (NOTE Registered		uired when reinstating)	DATE		
SIGNATURE _	Signature, typed or printed name of registered			Agent signature requ		DATE		ORS IN 12
SIGNATURE _	Signature, typed or printed name of registered OFFICERS A	agent and title if applicable. (NOTE Registered	Agent signature requ	uired when reinstating)	DATE	DIRECT	ORS IN 12
SIGNATURE _ 12. TITLE NAME	Signature, typed or printed name of registered OFFICERS A PD TREDINICK, SUE B 9250 BAYMEADOWS ROAD	agent and title if applicable. [AND DIRECTORS DELETE	NOTE Registered 13. 1.1 TiT	Agent signature requ	uired when reinstating)	DATE	DIRECT	ORS IN 12
SIGNATURE _ 12. TITLE NAME STREET ADDRESS CHY-ST-ZIP	Signature, typed or printed name of registered OFFICERS A PD TREDINICK, SUE B 9250 BAYMEADOWS ROAD JACKSONVILLE FL 32256	agent and title if applicable. [AND DIRECTORS DELETE DELETE	13. 1.1 TiT 1.2 NA 1.3 ST 1.4 CIT	Agent signature required to the signature requirement of the signature req	uired when reinstating)	DATE	DIRECT(ORS IN 12 e Addition
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Ido 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 frue and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or on an attachment with an address.

SIGNATURE

IGNATURE AND THE DOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #0006839

Dale