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 MAR -1 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P32231** **(3)**

1. Corporation Name
SUNRAY UTILITIES-ST. JOHNS, INC.

Principal Place of Business	Mailing Address
% ~~ITT RAYONIER INCORPORATED~~	% ~~ITT RAYONIER INCORPORATED~~
1177 SUMMER STREET	1177 SUMMER STREET
STAMFORD CT 06905	STAMFORD CT 06905

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/20/1990
3a. Date of Last Report: 03/02/1994

2. Principal Place of Business	2a. Mailing Address
21 c/o RAYONIER INC.	26 c/o RAYONIER INC.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 06905-5529 Country 25	Zip 29 06905-5529 Country 30

4. FEI Number: 59-3055433 ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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	BERRY, WILLIAM S.	1.2 NAME	
STREET ADDRESS	52 MARSH ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	EASTON CT	1.4 CITY-ST-ZIP	06612
TITLE	D	2.1 TITLE	DIRECTOR, ☑ Change ☐ Addition
NAME	HORACE, R. JAMES	2.2 NAME	FOLLACK, GERALD J,
STREET ADDRESS	215 WILSON BLVD	2.3 STREET ADDRESS	1177 SUMMER STREET
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	STAMFORD, CT 06905-5529
TITLE	D	3.1 TITLE	D, F ☑ Change ☐ Addition
NAME	TOMASSETTI, ARMOND	3.2 NAME	ERICKSEN, WILLIAM D.
STREET ADDRESS	401 CENTRE ST 2ND FL	3.3 STREET ADDRESS	4 NORTH 2ND STREET
CITY-ST-ZIP	FERNANDINA BCH FL	3.4 CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	WATTS, ROGER H.	4.2 NAME	
STREET ADDRESS	1177 SUMMER STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	4.4 CITY-ST-ZIP	06905-5529
TITLE	VP	5.1 TITLE	ASSISTANT CONTROLLER ☑ Change ☐ Addition
NAME	TODD, ROBERT P.	5.2 NAME	AVERY, JIMMY B.
STREET ADDRESS	401 CENTRE ST 2ND FLOOR	5.3 STREET ADDRESS	4 NORTH 2ND STREET
CITY-ST-ZIP	FERNANDINA BCH FL	5.4 CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	T	6.1 TITLE	☐ Change ☐ Addition
NAME	MACDONALD, AUGUSTE	6.2 NAME	
STREET ADDRESS	1177 SUMMER STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	6.4 CITY-ST-ZIP	06905-5529

14. I do hereby certify that the information supplied with this filing, pursuant to 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: _____ 2/24/95 203-348-7000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Telephone #

0000302 CP