FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000043020 (5)**

1. Corporation Name

A-CO ST. JOHNS, INC.

Principal Place of Business

4335 COPUINA DR
JACKSONVILLE FL 32250
US

Mailing Address

4335 COPUINA DR
JACKSONVILLE FL 32250
US

3. Date Incorporated or Qualified: **06/10/1993**

3a. Date of Last Report: **04/18/1995**

4. FEI Number: **59-3194589**

[ ] 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. The corporation's federal liability for intangible tax under s. 199.032, Florida Statutes [X] Yes [ ] No

2. Principal Place of Business

21 115 Arricola Avenue
Suite, Apt. #, etc.
22 St. Augustine, FL 32084
City & State
23 St. Augustine, FL 32084
Zip / Country
24 32084 25 US

2a. Mailing Address

26 115 Arricola Avenue
Suite, Apt. #, etc.
27 St. Augustine, FL 32084
City & State
28 St. Augustine, FL 32084
Zip / Country
29 32084 30 US

9. **Name and Address of Current Registered Agent**

JOHN, MARGARET
4335 COQUINA DR
JACKSONVILLE FL 32250

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
115 Arricola Avenue
83
84 City
St. Augustine, FL — FL
85 Zip Code
32084

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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 *Margaret D John* 4-3-96

12. **OFFICERS AND DIRECTORS**

TITLE	D	[ ] DELETE
NAME	JOHN, MARGARET	
STREET ADDRESS	4335 COQUINA DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INFO**

1 TITLE	D	[X] Change [ ] Addition
1 NAME	John, Margaret	
1 STREET ADDRESS	115 Arricola Avenue	
1 CITY-ST-ZIP	St. Augustine, FL 32084	
2 TITLE		[ ] Change [ ] Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		[ ] Change [ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

CR2E034 (12/95)

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 119.07(3)(n), 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 the 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: *Margaret D John MARGARET D. JOHN* 4-3-96 9048243373

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR