05-06-1999 90130 029 \*\*\*150.00

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000016335

ST. JAMES PARTNERS, INC.

Principal Place	e of Business	Mailing Address				i ingiladi (:A idib) dili suli suli a		313 61149 (1146 )	
101 PHILLIPPE PARKWAY		101 PHILLIPPE PARKWAY	101 PHILLIPPE PARKWAY		1				
SUITE 300		SUITE 300 SAFETY HARBOR FL 34695			DO NOT WRITE IN THIS SPACE				
SAFETY HARBOR FL 34695 SAFET		SAFETT HANDON FL 34033	TELL HANDON EL 34095		3	3. Date Incorporated or Qualifed			
						02/28/1995			
2. Principal P	ace of Business	2a. Mailing Address				FEI Number	<del> </del>	App	lied For
21		26				59-3321655		Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.75 A	dditional	
22		27		5.	Certifcate of Status Desired		Fee Rec	quired	
City & State		City & State		6.	Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Count	try	8.	This corporation owes the cur	rent year Inta		
24	25	29 3	0			Personal Property Tax.	n!-4 4 4		□No
9. Name and Address of Current Registered Agent					10.	Name and Address of New	Registerea A	(gent	
PARKER, GERALD C				Name					
101 PHILLIPPE PARKWAY			Ī	32 Street	Address (P.	O. Box Number is Not Accept	able)		
SUITE 300			33						
SAFETY HARBOR FL 34695									
				64 City			FL	85 Zip C	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the abo	ove-named	corporation	submits this statement for the	purpose of c	hanging its	registered
office or n	egistered agent, or both, in the State of mailiar with, and accept the obligation	or Florida, Such change was auti ions of, Section 607.0505, Florid	norizea i Ia Statut	es.	oration's bo	ard of directors, i hereby acce	pt trie appoin	lanent as reg	polered
SIGNATURE		<b></b>			1	Greatel CHILL	y 41	39 199	
SIGNATURE	Signature, typed or printed name of registered agent		egistered A	gent signature n	equired when re		DATE		
12.	OFFICERS AND		13.		<u>^</u>	DDITIONS/CHANGES TO OF	FICERS ANI	Change	RS IN 12
TITLE	P PIONE BIOLIAND F OR	DELETE	1.1 TITL					□ change	[_] Addition
NAME			1.2 NAM						
CAFETY HADDOD EL DACOF		E 300		EET ADDRESS					
CITY-ST-ZIP	SAFETT HANDON FL 34095	□ DELETE	2.1 TITL	-ST-ZIP	71645	hot -		Change	Addition
TITLE		Clothe	2.1 IIIL		CONG	id C. tayler			
NAME				EET ADORESS :	107	Phillipa tkulau	1 <del>*</del> 3α	ソ	
STREET ADDRESS				Y-ST-ZIP	batel	11 Holm 79	1 * 300 _ 346	15	
CITY-ST-ZIP		☐ DELETE	3.1 TITL					Change	☐ Addition
NAME		_	3.2 NAM		J				
STREET ADDRESS			3.3 STR	EET ADDRESS					
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP					
TITLE			4.1 TITL	E				☐ Change	☐ Addition
NAME		☐ DELETE	.,,,						
		☐ DELETE	4. 2 NAM	ME					
STREET ADDRESS		☐ DELÉTE	4. 2 NAM	ME EET ADORESS					
STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4. 2 NAM 4.3 STR						
·		☐ DELETE	4. 2 NAM 4.3 STR	EET ADORESS - ST-ZIP			<u>.</u>	Change	Addition
CITY-ST-ZIP			4. 2 NAN 4.3 STR 4.4 CITY	EET ADORESS '-ST-ZIP E			<del></del>	Change	☐ Addition
CITY-ST-ZIP TITLE			4. 2 NAM 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAM	EET ADORESS '-ST-ZIP E				Change	☐ Addition

14. I 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 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, with all other like empowered.

61 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition