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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000028281 (0)

ST. JOHNS WAREHOUSE, INC.

FILED Mar 20 1998 8:00am Secretary of State



			······					PALLI DE LE LEGA	A POLICE HADEL UP	
Principal Place of Business Mailing Address										
601 RIVERSIDE AVENUE 601 RIVERSIDE AVENUE										
BUILDING II, SUITE 650			BUILDING II. SUITE 650				DO NOT WRITE IN THIS SPACE			
JAC	KSONVILLE FL 32204		JACKSONVILLE FL 32204	,			Date Incorporated or Qualified		" NOL	
						İ	04/05/1995			
e Dri	incipal Place of Business	·····	2a. Mailing Address				4. FEI Number			pplied For
	incipal Flace of business	<u>-</u>	-				59-3309490			ot Applicable
21	iite, Apt. #, etc.	2	Suite, Apt. #, etc.				5. Certificate of Status Desired See Required			
	iite, Apt. #, etc.	 								
22 Ci	ty & State	2	City & State			***				
	ty & State	-	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23 Zij	<u> </u>	Country	Zip	Count	rv		a. This corporation owes or has p	nid the our		
24	·			30	,		Personal Property Tax due Jur		· -	No
24		Address of Current Re		1901			10. Name and Address of New F			
	SHAW, RALPH L J		<u> </u>	8	1 Na	ame	101			
	601 RIVERSIDE AV			<u></u>	1					
			8:	2 St	reet Addres	Address (P.O. Box Number is Not Acceptable)				
BUILDING II, SUITE 650 JACKSONVILLE FL 32204					3					
	JACKOUNVILLE FL	. 32204								
				8	4 Ci	ly		FL	85 Zip	Code
		10 1 00 00 00	1007 1500 50-14- 60-14	45	<u> </u>		ration submits this statement for the		<u> </u>	to sociatored
	gent. I am familiar with, ar ATURE	ed name of registered agont and				natura requirad	when reinsleting)	DATE		
12.		OFFICERS AND DIF	RECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	RS IN 12
TITLE	P		☐ DELE te	1.1 TITLE					☐ Change	Addition
NAME SHAW, RALPH L JR.				1.2 NAM8						
STREET	122.1000	DE AVENUE / BLDG	N, SUITE 650	1.3 STRE	T ADDR	ESS				
CITY-S	T-ZIP JACKSONVI	.LE FL 32204		1.4 CITY	ST-ZIP	1				
TITLE	VP		DELETE	2.1 TITLE					Change	Addition
NAME	THORNTON,	JOHN T		2.2 NAME						
STREET	ADDRESS 601 RIVERSI	de avenue		2.3 STREI	T ADDR	ESS				
CITY-S	T-ZIP JACKSONVIL	LE FL 32204		2. 4 CITY	- S1 - ZII	,				
TITLE			☐ DELETË	3.1 TITLE					☐ Change	Addition
NAME				3.2 NAME						
	ADDRESS			3.3 STREI	T ADDR	ESS				
CITY-S	l l			3.4. CITY	- ST - ZIF	,				
TITLE			DELETE	4.1 TITLE			· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition
NAME				4. 2 NAM	Ε					
	ADORESS			4.3 STREI		ESS				
CITY-S				4.4 CITY-		1				
TITLE			DELETE	5.1 TITLE			.,		Change	Addition
NAME			- -	5.2 NAME				-	-	
	ADDRESS			5.3 STREE		ESS				
	į.			5.4 City-						
CITY-S'	1-2IF		DELE te	6.1 TITLE					Change	Addition
NAME				62 NAME						_ ' '''
	Appores			1		ree				
	ADDRESS			6.3 STREE						
CITY-S	t nv l			■ BARRY	NI - 712	1				

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 en an attachment with an address.

F-1 1