

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 # P95000078006 (0)

1. Corporation Name

ST. JAMES CAPITAL, INC.



Principal Place of Business

Mailing Address

~~GLADES BUILDING, SUITE 300~~
~~877 EXECUTIVE CENTER DRIVE, WEST~~
~~ST. PETERSBURG FL 33702~~

~~GLADES BUILDING, SUITE 300~~
~~877 EXECUTIVE CENTER DRIVE, WEST~~
~~ST. PETERSBURG FL 33702~~

2. Principal Place of Business

21 101 PHILIPPE PKWY

22 STE 300

23 SAFETY HARBOR FL

24 34695 25 PINELLAS

26. Mailing Address

26 101 PHILIPPE PKWY

27 STE 300

28 SAFETY HARBOR FL

29 34695 30 PINELLAS

3. Date Incorporated or Qualified

10/11/1995

3a. Date of Last Report

4. FEI Number

59-3341606

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

MASCARA, ERNEST-L
GLADES BUILDING, SUITE 300
877 EXECUTIVE CENTER DRIVE, WEST
ST. PETERSBURG FL 33702

81 Name
Richard C. Flannigan, Sr.

82 Street Address (P.O. Box Number is Not Acceptable)
101 Phillippe Parkway

83

84 City
Safety Harbor

FL

85 Zip Code
34695

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

Richard E. Flannigan, Sr.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~VPD~~ ☒ DELETE
NAME MASCARA, ERNEST-L
STREET ADDRESS GLADES BL, #300, 877 EXEC. CNTR. DR., W.
CITY-ST-ZIP ST. PETERSBURG FL 33702

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☐ Change ☒ Addition
1.2 NAME Alexander F. Hern
1.3 STREET ADDRESS 101 Phillippe Parkway
1.4 CITY-ST-ZIP Safety Harbor, FL 34695

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME Gerald C. Parker
2.3 STREET ADDRESS 101 Phillippe Parkway
2.4 CITY-ST-ZIP Safety Harbor, FL 34695

3.1 TITLE ~~VPST~~ ☐ Change ☒ Addition
3.2 NAME Richard E. Flannigan, Sr.
3.3 STREET ADDRESS 101 Phillippe Parkway
3.4 CITY-ST-ZIP Safety Harbor, FL 34695

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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: *Richard E. Flannigan, Sr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 813-869-0040
Date Daytime Phone #

CR2E034 (12/95)