SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P950

P95000078006 (0)

ST. JAMES CAPITAL, INC.

Principal Place of Business Malling Address						i ila tindi iin ibibi atiii aalit batti aatii batti lootii batti ilaatii batti aatii batti aatii aatii aatii
101 PHILLIPPE	PKWY	101 PHILLIPPE PKWY				
SUITE 300		SUITE 300				DO NOT WRITE IN THIS SPACE
SAFETY HARBO	DR FL 34695	SAFETY HARBOR FL 34695 US				3. Date Incorporated or Qualified
US		Uð				
2. Principal P	lace of Business	2a. Mailing Address				10/11/1995 4. FEI Number Applied For
21	iaco (i Businoss	26				
Suite, Apt.	# etc	Suite, Ap1. #, etc.				CR 75 Additional
22	7, 0.0.	27				5. Certificate of Status Desired Fee Regulred
City & Stat	6	City & State				6. Election Campaign Financing \$5.00 May Be
23	28					Trust Fund Contribution Added to Fees
Zip	Country	Zip	Countr			8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30. Yes No
	9. Name and Address of Current	·	I			10. Name and Address of New Registered Agent
FIAN	NNIG an, ri chard e sr.			81	Name	
	PHILLIPPE PARKWAY		82 Street Ad			Address (P.O. Box Number is Not Acceptable)
	ETY HARBOR FL 34695			62 SIFER AC		Address (F.O. Box Number is Not Acceptable)
O 1 3 ·				83		
				84	City	FL 85 Zip Code
11. Pursuant	4. 11	and COT 4500. Flavida Chabida	. 45 5			
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND		13.		eni signatu	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	DELETE	1.171			
NAME	HERN, ALEXANDER F	There is	1.2 N/			11000
STREET ADDRESS	101 PHILLIPPE PARKWAY				ADDRESS	Richard E. Flonigan, Sr. S.
CITY-ST-ZIP	SAFETY HARBOR FL			TY-\$T-		101 Phillippe Pkwy, Ste 800
TITLE	D Chairmon Coo	DELETE	2.1 TI		41F	Change Addition
NAME	PARKER, GERALD C		2.2 N/			- Lauring -
STREET ADDRESS	101 PHILLIPPE PARKWAY		->		ADDRESS	101 Phillippe Pleng.
CITY-ST-ZIP	SAFETY HARBOR FL	,	/	TY-ST-		8611 1 1 1 1 2 Was
TITLE	SAFETT HANDON PL	DELETE	3.1 78		LIP	Change Addition
NAME		Detele	3.2 N/			Change Addition
STREET ADDRESS					ODRESS	
CITY-ST-ZIP TITLE		DELETE	4.1 TI	TY-ST-	Lir	
NAME		□ DECE IE	4.2 N			Change Addition
STREET ADDRESS			1		DDRESS	
TITLE		Decem	5.1 TI	TY-ST- THE	ZIP	
NAME		DELETE	5.2 N/			Change L Addition
STREET ADDRESS					DDRESS :	·
CITY-ST-ZIP TITLE		Mariera	5.4 CI 6.1 TI	TY-ST-	LIP	
		L DELETE				Change [Addition]
NAME PTOEET ADDRESS			6.2 N/		NADEGO	
STREET ADDRESS					DORESS	
CITY-ST-ZIP			6.4 CI	TY-\$1-	CIP _	

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 13 if changes or on an attachment with an address.

FILED

Oct 07 1998 8:00am

Secretary of State

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