FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90070 031 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000078006

ST. JAMI	ES CAPITAL, INC					
Principal Place	e of Business	Mailing Address			8844 8844 8814 18884 1834	i Saife Saria afte teat
101 PHILLIPPE PKWY SUITE 300 SAFETY HARBOR FL 34695		101 PHILLIPPE PKWY SUITE 300 SAFETY HARBOR FL 34695		DO NOT WI	RITE IN THIS SPACE	Ē
US		US US	,	3. Date Incorporated or Qualife	d	
••				10/11/1995		
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number		Applied For
21		26		59-3341606		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		.75 Additional ee Required
City & State	e <sup>·</sup>	City & State		6. Election Campaign Financing	g \$5	.00 May Be
23		28		Trust Fund Contribution	Ad	ided to Fees
Zip	Country	Zip	Country	8. This corporation owes the co	_	
24	25	29	30	Personal Property Tax.	L. Yes	s □No
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of Nev	/	
FI AN	NNIGAN, RICHARD E SR.			Gerald C. tan		
101 PHILLIPPE PARKWAY			82 Street A	ddress (P.O. Box Number is Not Acce	otable)	
SAFETY HARBOR FL 34695			83	101 thillippe Tail	mit——	
0,41	2.1.7.0.007.1.2.0.000			*300		
			84 City	bafety Harber	,	Zip Code 5
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligated.	of Florida. Such change was a	uthorized by the corpor	orporation submits this statement for the ration's board of directors. I hereby according to the ration's board of directors.	ept the appointment	as registered
SIGNATURE	- Cu		( Tevala	1 C. Yavev	4714	<u>4</u>
	Signature, typed or printed name of registered agen	<u>''</u>	Registered Agent signature red	quired when reinstating) ADDITIONS/CHANGES TO C	DATE ,	ECTOPS IN 12
12.	OFFICERS AN	DELETE	13.	ADDITIONS/CHANGES TO	Ch	
TITLE	FLANIGAN, RICHARD E SR	DE DELL'IL	1.2 NAME			
NAME	101 PHILLIPPE PKWY, STE 300	Ì	1.3 STREET ADDRESS			
STREET ADDRESS	SAFETY HARBOR FL 34695	,	1.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE	CEO	☐ DELETE	2.1 TITLE		[] Ch	ange Addition
NAME	PARKER, GERALD C	<u> </u>	2.2 NAME			•
STREET ADDRESS	101 PHILLIPPE PARKWAY		2.3 STREET ADDRESS			
CITY-ST-ZIP	SAFETY HARBOR FL 34695		2. 4 CITY-ST-ZIP			
TITLE	Old Ett that Bott to a	☐ DELETE	3.1 TITLE		☐ Cha	ange Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CiTY-ST-ZIP			
TITLE		☐ DELETE	4,1 TITLE		☐ Ch	ange
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Ch	ange
NAME			5.2 NAME			
STREET ADDRESS	-		5.3 STREET ADDRESS			
CiTY-ST-ZIP			5.4 CITY-ST-ZIP			Addition
TITLE		☐ DELETE	6.1 TITLE		☐ Ch	nange
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			

6.4 CITY-ST-ZIP CITY-ST-ZIP 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.

SIGNATURE:

SIGNATURE AND TYCED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR