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FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000014851 (5)

1. Corporation Name

ST. JOHNS MORTGAGE COMPANY, INC.

Principal Place of Business

8032-D THOMASVILLE ROAD
TALLAHASSEE FL 32312

Mailing Address

2032-D THOMASVILLE ROAD
TALLAHASSEE FL 32312-3334



2. Principal Place of Business

21 3233 Thomasville Rd.

Suite, Apt. #, etc.

22

City & State

23 Tallahassee, FL

Zip

24 32312

Country

25 USA

2a. Mailing Address

26 3233 Thomasville Rd.

Suite, Apt. #, etc.

27

City & State

28 Tallahassee, FL

Zip

29 32312

Country

30 USA

3. Date Incorporated or Qualified

02/16/1996

3a. Date of Last Report

4. FEI Number

59-3364459

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$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

MOORE, EDGAR M
2032-D THOMASVILLE ROAD
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

81 Name

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

3233 Thomasville Road

83

84 City

Tallahassee

FL

85 Zip Code

32312

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
DEISON, ROBERT R
STREET ADDRESS 2032-D THOMASVILLE ROAD
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE ☐ DELETE

NAME D
MOORE, EDGAR M
STREET ADDRESS 2032-D THOMASVILLE ROAD
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE ☐ DELETE

NAME D
SKELTON, BENSON L JR.
STREET ADDRESS 1320 THOMASWOOD DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

3233 Thomasville Road
Tallahassee, FL 32312

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3233 Thomasville Road
Tallahassee, FL 32312

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do 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.

SIGNATURE:

Edgar M. Moore

4/18/97

(904/385-3300)

CR2E034 (9/96)