

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

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**Apr 11 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 # **P96000046387 (2)**  
1. Corporation Name  
**ST. AUGUSCREEN, INC.**



Principal Place of Business: **5235 SILO ROAD ST. AUGUSTINE FL 32092**  
Mailing Address: **5235 SILO ROAD ST. AUGUSTINE FL 32092-0657**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/22/1996</b>	3a. Date of Last Report
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number <b>59-3381033</b>	Applied For <input type="checkbox"/> Not Applicable
23. Zip	25. Country	28. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**WARREN, PAUL H  
5235 SILO ROAD  
ST. AUGUSTINE FL 32092**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating.) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D, P, T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WARREN, PAUL H</b>	1.2 NAME	
STREET ADDRESS	<b>5235 SILO ROAD</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ST. AUGUSTINE FL 32092</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D, V, S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WARREN, CONNIE C</b>	2.2 NAME	
STREET ADDRESS	<b>5235 SILO ROAD</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ST. AUGUSTINE FL 32092</b>	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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: *Paul H. Warren* (PAUL H. WARREN) 4/3/97 (904) 824-2358

CR2E034 (9/96)