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FILED
Jun 17 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 # P96000058496 (6)

1. Corporation Name

ST. JOHNS SHIPYARDS PARTNERS INC.



Principal Place of Business Mailing Address
~~701 FISK STREET~~
~~SUITE 310~~
~~JACKSONVILLE FL 32204~~
~~701 FISK STREET~~
~~SUITE 310~~
~~JACKSONVILLE FL 32204~~

2. Principal Place of Business 2a. Mailing Address
21 One Independent Dr. 26 One Independent Dr.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 2210 27 2210
City & State City & State
23 Jacksonville, FL 28 Jacksonville, FL
Zip Zip Country Country
24 32202 25 Duval 29 32202 30 Duval

3. Date Incorporated or Qualified 07/08/1996 3a. Date of Last Report N/A
4. FEI Number 59-3402354 X 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 X Yes No

9. Name and Address of Current Registered Agent
FAIRCHILD, RONALD D
701 FISK STREET
SUITE 310
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent
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 Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE D FAIRCHILD, RONALD D
NAME 701 FISK STREET
STREET ADDRESS JACKSONVILLE FL 32204
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
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
1.1 TITLE P/T/D
1.2 NAME Kurt W. Mori
1.3 STREET ADDRESS 505 Lancaster Street, Unit 16C
1.4 CITY-ST-ZIP Jacksonville, FL 32204
2.1 TITLE VP/S/D
2.2 NAME J. Frank Surface, III
2.3 STREET ADDRESS One Independent Dr. #2210
2.4 CITY-ST-ZIP Jacksonville, FL 32202
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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: [Signature] 6/17/97 904-359-8409

CR2E034 (9/96)