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 # P97000021036 1. Corporation Name

ST. JAMES, INC.

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90111 015 ***150.00



Principal Place of Business Mailing Address						. Anderen tien tatet entett matte matte matte tilmt tilmt mitgig till bill indi		
1946 TYLER STREET 1946 TYLER STREET								
HOLLYWOOD	FL 33020	HOLLYWOOD FL 33020						
						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
	<u> </u>					03/06/1997		
—	Place of Business	2a. Mailing Address				4. FEI Number Applied F	-or	
21		26	_			NOT APPLICABLE Not Appli		
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				\$9.75 Audie		
22		27				5. Certificate of Status Desired Fee Required		
City & State		City & State				6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Count	гу		8. This corporation owes the current year Intangible		
24						Personal Property Tax.		
•	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Registered Agent		
ATI	INSON, III W C		8	1	Name			
2.0	The state of the s		8.	,	Stroot Addre	ess (P.O. Box Number is Not Acceptable)		
1071	S TYLER STREET		"	1	Sticet Addie	ess (F.O. Box Number is Not Acceptable)		
nut	LYWOOD FL 33020		8:	3		49		
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			84	4	City	FL 85 Zip Code		
11. Pursuant	to the provisions of Sections 607.05	i02 and 607.1508, Florida Statute:	s. the above	ve-r	named corpo	All and the state of the state		
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was aut	thorized b	y th	e corporation	pration submits this statement for the purpose of changing its registe on's board of directors. I hereby accept the appointment as registered	100	
•	The same way and accept the cong	ations of, Section 607.0303, Fight	ua Statute	s.				
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: F	Registered Age	ent ei	ionature equiend	when reinstating) DATE	_	
12.		ND DIRECTORS	13,		ignatore required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	40	
TITLE	PSD	☐ DELETE	1,1 TITLE			· · · · · · · · · · · · · · · · · · ·	ddition	
NAME	ATKINSON, III W C		1.2 NAME		1	☐ Change ☐ A	uukuon	
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City-st-zip		İ	5.4 CITY-\$]	·. •		
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NAME			6.2 NAME			☐ Change ☐ Ad	uidon	
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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 theremy 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 enter like empowered.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

1/28/99

954-925-5501