

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000092906 (1)

1. Corporation Name

ST. JOE/ARVIDA COMPANY, INC.

Principal Place of Business

1650 PRUDENTIAL DR., STE. 400
JACKSONVILLE FL 32207

Mailing Address

1650 PRUDENTIAL DR., STE. 400
JACKSONVILLE FL 32207

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Name and Address of Current Registered Agent

RHODES, ROBERT M
1650 PRUDENTIAL DR., STE. 400
JACKSONVILLE FL 32207

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 607.0504, Florida Statutes.

SIGNATURE

Robert M. Rhodes

(If Not Registered Agent Signature Required When Not Filing)

DATE

4/29/98

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
RUMMELL, PETER S
1650 PRUDENTIAL DR., STE. 400
JACKSONVILLE FL 32207

DELETE

2. TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
LEDSINGER, CHARLES A JR.
1650 PRUDENTIAL DR., STE. 400
JACKSONVILLE FL 32207

DELETE

3. TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
RHODES, ROBERT M
1650 PRUDENTIAL DR., STE. 400
JACKSONVILLE FL 32207

DELETE

4. TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

5. TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

6. TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP
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

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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.

SIGNATURE

Robert M. Rhodes

4/29/98

001-306-1661

FILED
Jun 15 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/1997

4. FFI Number

59-3476159

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. Yes No

10. Name and Address of New Registered Agent

CR2E034 (10/97)