

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

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90212 029 \*\*\*150.00

DOCUMENT # P97000102435

1. Corporation Name

ST. JOE/CNL PLAZA, INC.

Principal Place of Business

1650 PRUDENTIAL DRIVE  
SUITE 400  
JACKSONVILLE FL 32207

Mailing Address

1650 PRUDENTIAL DRIVE  
SUITE 400  
JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/04/1997

4. FEI Number

59-3486967

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

Robert M. Rhodes

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

1650 Prudential Dr., Ste. 400

83

84 City

Jacksonville

FL

85 Zip Code

32207

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

Robert M. Rhodes, SV/S

4/28 /99

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 ☒ DELETE  
NAME RUMMELL, PETER S  
STREET ADDRESS 1650 PRUDENTIAL DRIVE SUITE 400  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE D ☒ DELETE  
NAME LEDSINGER, CHARLES A JR.  
STREET ADDRESS 1650 PRUDENTIAL DRIVE SUITE 400  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE D ☒ DELETE  
NAME RHODES, ROBERT M  
STREET ADDRESS 1650 PRUDENTIAL DRIVE SUITE 400  
CITY-ST-ZIP JACKSONVILLE FL 32207

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 ☐ Change ☒ Addition  
1.2 NAME David D. Fitch  
1.3 STREET ADDRESS 1650 Prudential Dr., Ste. 400  
1.4 CITY-ST-ZIP Jacksonville, FL 32207

2.1 TITLE D/V ☐ Change ☒ Addition  
2.2 NAME G. John Carey, III  
2.3 STREET ADDRESS 1650 Prudential Dr., Ste. 200  
2.4 CITY-ST-ZIP Jacksonville, FL 32207

3.1 TITLE D/V/T ☐ Change ☒ Addition  
3.2 NAME Michael N. Regan  
3.3 STREET ADDRESS 1650 Prudential Dr., Ste. 400  
3.4 CITY-ST-ZIP Jacksonville, FL 32207

4.1 TITLE V/S ☐ Change ☒ Addition  
4.2 NAME Alison D. Kennedy  
4.3 STREET ADDRESS 1650 Prudential Dr., Ste. 400  
4.4 CITY-ST-ZIP Jacksonville, FL 32207

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *Michael N. Regan* SIGNATURE: Michael N. Regan, D/V/T 4-28-99 904/396-6600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)