


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

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Mar 26, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000104948 ✓ 1. Corporation Name ST. JOE/LEGACY, INC.					
Principal Place of Business 1650 Prudential Drive Suite 400 Jacksonville, FL 32207		Mailing Address same			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified December 17, 1998 4. FEI Number 59-3559219 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent Corporation Service Company 1201 Hays Street Tallahassee, Florida 32301			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. #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 <i>Robert M. Rhodes</i> Robert M. Rhodes, Resident Agent 3/10/99 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP 1. <input type="checkbox"/> DELETE 2. <input type="checkbox"/> DELETE 3. <input type="checkbox"/> DELETE 4. <input type="checkbox"/> DELETE 5. <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME David D. Fitch 1.3 STREET ADDRESS 1650 Prudential Dr. #400 1.4 CITY-ST-ZIP Jacksonville, FL 32207 2.1 TITLE SVP/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME Michael N. Regan 2.3 STREET ADDRESS 1650 Prudential Dr. #400 2.4 CITY-ST-ZIP Jacksonville, FL 32207 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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* **Michael N. Regan, Director** 3/10/99 904.396.6600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #