

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90098 025 ***150.00

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1. Entity Name
1210 ST. JOHNS CORPORATION



Principal Place of Business
1210 ST. JOHNS AVENUE
PALATKA FL 32177
US

Mailing Address
POST OFFICE BOX 2912
WINTER PARK FL 32790



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3564416**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALKER, WILLIAM A II
2171 GLENCOE ROAD
WINTER PARK FL 32789-6034

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST WALKER, WILLIAM A II 2171 GLENCOE ROAD WINTER PARK FL 32789-6034	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALKER, W.A. 424 S. 19TH STREET PALATKA FL 32177-4912	☒ Delete deceased 3/18/02
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST WALKER, WILLIAM A II 2171 GLENCOE ROAD WINTER PARK FL 32789-6034	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSVP W. KENNAN WALKER 2143 NO. HAMPTON CTR. WINTER PARK, FL 32792	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBERTA F. WALKER 2171 GLENCOE ROAD WINTER PARK, FL 32789-6034	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)