

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V17714** (9)
1. Corporation Name
HISTORIC ST. GEORGE STREET PROPERTIES, INC.

Principal Place of Business P. O. BOX 1837 N/A PALATKA FL 32178 US	Mailing Address P. O. BOX 1837 N/A PALATKA FL 32178 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1750 A1A South Suite, Apt. #, etc. 22 Suite D City & State 23 St. Augustine, FL Zip 24 32084 Country 25 US		2a. Mailing Address 26 1750 A1A South Suite, Apt. #, etc. 27 Suite D City & State 28 St. Augustine, FL Zip 29 32084 Country 30 US		3. Date Incorporated or Qualified 02/28/1992	3a. Date of Last Report 07/19/1996
		4. FEI Number 59-3108977 59-3116246		Applied For Not Applicable	
		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 or has paid the current year intangible Personal Property Tax due June 30. XX Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

BINNINGER, STEVEN P
2025 A1A SOUTH BEACH BLVD 305 A1A Beach Blvd
ST AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BINNINGER, STEVEN P.	1.2 NAME	
STREET ADDRESS	2025 A1A SOUTH	1.3 STREET ADDRESS	305 A1A Beach Blvd
CITY-ST-ZIP	ST. AUGUSTINE FL	1.4 CITY-ST-ZIP	St. Augustine, FL 32084
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOYD, UEAL D	2.2 NAME	
STREET ADDRESS	312 ST JOHNS AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL 32178	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRASER, JOHN W	3.2 NAME	
STREET ADDRESS	648 FRANCES AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNAPP, DAVID	4.2 NAME	
STREET ADDRESS	6165 WEATHERLY DR. NW	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30328	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: 

8-11-97 (924) 471-3388

CR2E034 (4/97)