FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H68022** **(3)**

1. Corporation Name

ST. JOE COMMUNICATIONS, INC.

Principal Place of Business

1650 PRUDENTIAL DR.
STE. 400
JACKSONVILLE FL 32207
US

Mailing Address

P. O. BOX 1380
JACKSONVILLE FL 32201
US

3. Date Incorporated or Qualified: **07/24/1985**

3a. Date of Last Report: **02/02/1995**

2. Principal Place of Business
21 **502 Fifth Street**
22 Suite, Apt. #, etc.
23 City & State: **Port St. Joe, FL**
24 Zip: **32456** 25 Country: **U.S.**

2a. Mailing Address
26 **P. O. Box 220**
27 Suite, Apt. #, etc.
28 City & State: **Port St. Joe, FL**
29 Zip: **32457** 30 Country: **U.S.**

4. FEI Number: **59-2511958** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ANDERSON, R.A.
1650 PRUDENTIAL DR.
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name: **R. Mark Ellmer**
82 Street Address (P.O. Box Number is Not Acceptable): **502 Fifth Street**
83
84 City: **Port St. Joe** **FL** 85 Zip Code: **32456**

11. Pursuant to the provisions of Section 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: **R. Mark Ellmer, Assistant Secretary** DATE: **6/24/96**

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	☒ DELETE	1.1 TITLE	DP	☐ Change ☒ Addition
NAME	THORNTON, W.L.		1.2 NAME	John M. Lewis	
STREET ADDRESS	1650 PRUDENTIAL DR, #400		1.3 STREET ADDRESS	502 Fifth Street	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Port St. Joe, FL 32456	
TITLE	DCP	☒ DELETE	2.1 TITLE	DVTS	☐ Change ☒ Addition
NAME	BELIN, J.C.		2.2 NAME	Robert V. DiPauli	
STREET ADDRESS	RAILROAD BUILDING, 1ST STREET		2.3 STREET ADDRESS	502 Fifth Street	
CITY-ST-ZIP	PORT ST. JOE FL		2.4 CITY-ST-ZIP	Port St. Joe, FL 32456	
TITLE	DV	☒ DELETE	3.1 TITLE	V	☐ Change ☒ Addition
NAME	NEDLEY, R.E.		3.2 NAME	James B. Faison	
STREET ADDRESS	RAILROAD BUILDING, 1ST STREET		3.3 STREET ADDRESS	502 Fifth Street	
CITY-ST-ZIP	PORT ST. JOE FL		3.4 CITY-ST-ZIP	Port St. Joe, FL 32456	
TITLE	T	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PETTY, C. M		4.2 NAME		
STREET ADDRESS	1650 PRUDENTIAL DR., #400		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, R. A.		5.2 NAME		
STREET ADDRESS	1650 PRUDENTIAL DR., #400		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	6.1 TITLE	DV	☒ Change ☐ Addition
NAME	VAUGHAN, J.H.		6.2 NAME	J. H. Vaughan	
STREET ADDRESS	RAILROAD BUILDING		6.3 STREET ADDRESS	502 Fifth Street	
CITY-ST-ZIP	PORT ST. JOE FL		6.4 CITY-ST-ZIP	Port St. Joe, FL 32456	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: James B. Faison — 6/24/96 — (904) 229-7322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE NUMBER