

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H68022

Entity Name: ST. JOE COMMUNICATIONS, INC.**Current Principal Place of Business:**502 CECIL G. COSTIN SR. BLVD.
PORT ST JOE, FL 32457**Current Mailing Address:**908 W FRONTVIEW
DODGE CITY, KS 67801 US**FEI Number:** 59-2571958**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CEO
Name	SUNU, PAUL H
Address	521 E. MOREHEAD, STE. 500
City-State-Zip:	CHARLOTTE NC 28202

Title	P
Name	NIXON, PETER G
Address	521 E MOREHEAD, STE. 500
City-State-Zip:	CHARLOTTE NC 28202

Title	EVPCFO
Name	TURNER, KAREN D
Address	521 E MOREHEAD, STE. 500
City-State-Zip:	CHARLOTTE NC 28202

Title	SVPS
Name	SOWELL, SUSAN L
Address	521 E MOREHEAD, STE 500
City-State-Zip:	CHARLOTTE NC 28202

Title	SRVP
Name	HOOD, LISA R
Address	908 W FRONTVIEW
City-State-Zip:	DODGE CITY KS 67801

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LISA R HOOD

SRVP

03/18/2017

Electronic Signature of Signing Officer/Director Detail_____
Date