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Jan 27, 1999 8:00am
Secretary of State

01-27-1999 90025 016 *****150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H68022

1. Corporation Name

ST. JOE COMMUNICATIONS, INC.

Principal Place of Business

502 FIFTH STREET
STE. 400
PORT ST JOE FL 32546
US

Mailing Address

P.O. BOX 220
PORT ST JOE FL 32457
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/24/1985

4. FEI Number

59-2571958

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELLMER, MARK R
502 FIFTH STREET
PORT ST JOE FL 32456

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 DP ☐ DELETE
NAME LEWIS, JOHN M
STREET ADDRESS 502 FIFTH STREET
CITY-ST-ZIP PORT ST JOE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DVTS ☐ DELETE
NAME DIPALI, ROBERT V
STREET ADDRESS 502 FIFTH STREET
CITY-ST-ZIP PORT ST JOE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE V ☐ DELETE
NAME FAISON, JAMES B
STREET ADDRESS 502 FIFTH STREET
CITY-ST-ZIP PORT ST JOE FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DV ☐ DELETE
NAME VAUGHAN, J.H.
STREET ADDRESS 502 FIFTH STREET
CITY-ST-ZIP PORT ST JOE FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE AS ☐ DELETE
NAME ELLMER, R. MARK
STREET ADDRESS 502 FIFTH STREET
CITY-ST-ZIP PORT ST JOE FL 32456

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE REQUIRED
Signature and typed or printed name of signing officer or director

1-13-99

(850) 229-7235

Date

Daytime Phone #

CR2E034 (11/98)