

**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 # 586545 (6)

1. Corporation Name  
R.J. REALTY, INC.



Principal Place of Business: 880 CARILLON PARKWAY, PO BOX 12749, ST PETERSBURG FL 33733-2749  
Mailing Address: 880 CARILLON PARKWAY, PO BOX 12749, ST PETERSBURG FL 33733-2749

3. Date Incorporated or Qualified: 09/15/1978  
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For				
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required				
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees				
24	Zip	25	Country	29	Zip	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PIPPENGER, LYNN  
880 CARILLON PARKWAY  
ST. PETERSBURG FL 33716

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULIEN, JEFFREY P.	1.2 NAME	
STREET ADDRESS	<del>12208 2ND STREET E</del>	1.3 STREET ADDRESS	880 CARILLON PKWY.
CITY-ST-ZIP	<del>TREASURE ISLAND FL</del>	1.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33716
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUCK, ROBERT F	2.2 NAME	
STREET ADDRESS	<del>7991 11TH AVENUE S</del>	2.3 STREET ADDRESS	880 CARILLON PKWY.
CITY-ST-ZIP	<del>ST. PETERSBURG FL</del>	2.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33716
TITLE	STD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIPPENGER, LYNN	3.2 NAME	
STREET ADDRESS	<del>19500 GULF BLVD. STE. 105</del>	3.3 STREET ADDRESS	880 CARILLON PKWY.
CITY-ST-ZIP	<del>INDIAN ROCKS BEACH FL</del>	3.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33716
TITLE	P	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, THOMAS A	4.2 NAME	
STREET ADDRESS	<del>7977 9TH AVENUE S</del>	4.3 STREET ADDRESS	880 CARILLON PKWY.
CITY-ST-ZIP	<del>ST. PETERSBURG FL</del>	4.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33716
TITLE		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		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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Lynn Pippenger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEC/TREAS.

4/25/96

813-570-3800

Date

Daytime Phone #

CR2E034 (12/95)