

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 28, 1999 8:00 am**  
**Secretary of State**

04-28-1999 90009 023 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 586545**

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



Principal Place of Business <b>880 CARILLON PARKWAY                  PO BOX 12749                  ST PETERSBURG FL 33733-2749</b>	Mailing Address <b>880 CARILLON PARKWAY                  PO BOX 12749                  ST PETERSBURG FL 33733-2749</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/15/1978</b>	
21	22	26	27	4. FEI Number <b>59-1875291</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
23	24	28	29	8. This corporation owes the current year Intangible Personal Property Tax <b>Filed by Parent Company</b>	
Zip		Zip		Country	
25	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>PIPPENGER, LYNN                  880 CARILLON PARKWAY                  ST. PETERSBURG FL 33716</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

11. Pursuant to the provisions of Sections 607.05(2) 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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JULIEN, JEFFREY P.</b>	1.2 NAME	
STREET ADDRESS	<b>880 CARILLON PKWY</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHUCK, ROBERT F</b>	2.2 NAME	
STREET ADDRESS	<b>880 CARILLON PKWY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PIPPENGER, LYNN</b>	3.2 NAME	
STREET ADDRESS	<b>880 CARILLON PKWY</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAMES, THOMAS A</b>	4.2 NAME	
STREET ADDRESS	<b>880 CARILLON PKWY</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	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 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 change, or on an attachment with an address, with all other like empowered

**SIGNATURE:** Jeffrey P. Julien **Jeffrey P. Julien** 4/20/99 727-573-3800  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0425772

CR2E034 (11/98)