

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 14 PM 3:34

DOCUMENT # **J68437** (9)  
1. Corporation Name  
**RPC DEVELOPMENT CORPORATION**

Principal Place of Business Mailing Address  
**4190 BELFORT ROAD SUITE 240 JACKSONVILLE FL 32216**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/15/1987** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-2793613** 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

2. Principal Place of Business 2a. Mailing Address  
21 **1603 Ponderosa Pine Dr. E** 26 **1603 Ponderosa Pine Dr. E**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 **Jacksonville, FL** 28 **Jacksonville, FL**  
Zip Country Zip Country  
24 **USA** 29 **USA** 30 **USA**

9. Name and Address of Current Registered Agent  
**SLAGLE, SUSAN**  
**4190 BELFORT ROAD**  
**SUITE 240**  
**JACKSONVILLE FL 32216**

10. Name and Address of New Registered Agent  
81 Name **J. Charles Wilson**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**4417 Beach Boulevard, Suite 200**  
83  
84 City **Jacksonville, FL** 85 Zip Code **32207**

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 of 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]* **J. Charles Wilson** **3/17/95**  
(Type, type, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering) DATE

| 12. OFFICERS AND DIRECTORS |                                 |
|----------------------------|---------------------------------|
| TITLE                      | <b>DPT</b>                      |
| NAME                       | <b>PERRETT, ROBERT E.</b>       |
| STREET ADDRESS             | <b>1603 PONDEROSA PINE DR E</b> |
| CITY - ST - ZIP            | <b>JACKSONVILLE FL</b>          |
| TITLE                      | <b>D</b>                        |
| NAME                       | <b>RODRIGUES, PETER J.</b>      |
| STREET ADDRESS             | <b>1735 DEBUTANTE DRIVE</b>     |
| CITY - ST - ZIP            | <b>JACKSONVILLE FL</b>          |
| TITLE                      |                                 |
| NAME                       |                                 |
| STREET ADDRESS             |                                 |
| CITY - ST - ZIP            |                                 |
| TITLE                      |                                 |
| NAME                       |                                 |
| STREET ADDRESS             |                                 |
| CITY - ST - ZIP            |                                 |
| TITLE                      |                                 |
| NAME                       |                                 |
| STREET ADDRESS             |                                 |
| CITY - ST - ZIP            |                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---|
| 11 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME   |   |
| 13 STREET ADDRESS                                     |   |
| 14 CITY - ST - ZIP                                    |   |
| 21 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME   |   |
| 23 STREET ADDRESS                                     |   |
| 24 CITY - ST - ZIP                                    |   |
| 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME   |   |
| 33 STREET ADDRESS                                     |   |
| 34 CITY - ST - ZIP                                    |   |
| 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME   |   |
| 43 STREET ADDRESS                                     |   |
| 44 CITY - ST - ZIP                                    |   |
| 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME   |   |
| 53 STREET ADDRESS                                     |   |
| 54 CITY - ST - ZIP                                    |   |
| 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME   |   |
| 63 STREET ADDRESS                                     |   |
| 64 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)(b), 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 applicable, in an appointment with an address.

SIGNATURE: *[Signature]* **2/7/95** **617-356-1438**  
(Type, type, typed or printed name of signing officer or director) Date (Type Phone #)