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

CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90122 046 ***300.00

DOCUMENT		#-	.16843			
1. Corporation Na	ame					

RPC DEVELOPMENT CORPORATION

	·							
Principal Plac	e of Business	Mailing Address	,		1 1201110 2110 51131 15111 8180)I(II 1881 81811 BI		MI 01911 01041 1841
248 LEVY RD		P.O BOX 330775			1			
ATLANTIC BEACH FL 32233 ATLANTIC BCH FL 32233					DO NOT W	RITE IN THIS	SDACE	
US		US			3. Date incorporated or Qualife		SPACE	
					04/15/1987	u .		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number			Applied For
21		26			59-2793613			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						5 Additional
22		27			Certifcate of Status Desired		Fee	Required
City & Stat	e	City & State			6. Election Campaign Financin	a –	\$5.0	0 May Be
23		28			Trust Fund Contribution	* 🗆		ed to Fees
Zip	Country	Zip	Country		8. This corporation owes the co	urrent year Int	angible	
24	25	29	30		Personal Property Tax.		Yes	□No
	9. Name and Address of Currel	nt Registered Agent		,	10. Name and Address of New	Registered	Agent	
	ON CHARLES !		81	Name				
	SON, CHARLES J		82	Street Add	tress (P.O. Box Number is Not Acces	otable)		
	BEACH BLVD., SUITE 200		L					
	E 200		83					
JACI	KSONVILLE FL 32207		84	City			85 Zi	ip Code
			0.7	City		FL	, 63 21	p code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	es, the abov	e-named cor	poration submits this statement for the	e purpose of	changing	its registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	or Flonda. Such change was a itions of, Section 607.0505, Flo	iutnorized by rida Statutes	tne corporat	tion's board or directors, I hereby acc	ері іле аррон	ilment as	registered
SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NOTE	: Registered Ager	t signature requir	red when reinstating)	DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO C	FFICERS AN		
TITLE	DPT	☐ DELETE	1.1 TITLE				☐ Chang	ge
NAME	PERRETT, ROBERT E.		1.2 NAME					
STREET ADDRESS	1603 PONDEROSA PINE DR E		1.3 STREE	ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-\$	T- ZIP				
TITLE	D	☐ DELETE	2.1 TITLE				Chang	ge
NAME	Rodrigues, Peter J.		2.2 NAME					
STREET ADDRESS	349 11TH ST		2.3 STREE	ADDRESS				
-CITY-ST-ZIP	ATLANTIC BEACH, FL		2. 4 CITY-8	T-2IP				
πιε		☐ DELETE	3.1 TITLE				☐ Chang	je 🗍 Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	ADDRESS				
CITY-ST-ZIP			3.4. CITY- S	T-ZIP				
TITLE		☐ D€LETE	4.1 TITLE				Chang	ge
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE				☐ Chang	je 🔲 Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				ŀ
CITY-ST-ZIP			5 4 CITY-\$	r-zip	<u> </u>			
TITLE		☐ DELETE	6.1 TITLE				Chang	e 🗌 Addition
NAME			6.2 NAME					ļ
STREET ADDRESS			6.3 STREET	ADDRESS				

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.

64 CMY-ST-ZIP

SIGNATURE: