

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

FILED

**May 14 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # L66359 (5)
1. Corporation Name
R. A. P. INVESTMENTS, INC.



Principal Place of Business Mailing Address
C/O 1411 S 14 ST C/O 1411 S 14 ST
D D
FERNANDINA BCH FL 32034 FERNANDINA BCH FL 32034
US US

2. Principal Place of Business 2a. Mailing Address
21 1250 S. 18th St. 26 1250 S. 18th St.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite 204 27 Suite 204
City & State City & State
23 Fernandina Beach, FL 28 Fernandina Beach, FL
Zip Country Zip Country
24 32034 25 USA 29 32034 30

3. Date Incorporated or Qualified 04/16/1990 3a. Date of Last Report 05/01/1996
4. FEI Number 59-3010274 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

9. Name and Address of Current Registered Agent
~~LEE, DAVID B., JR.
1409 KINGSLEY AVE
BLDG 1C
ORANGE PARK FL 32073~~

10. Name and Address of New Registered Agent
81 Name Thomas C. Dearing
82 Street Address (P.O. Box Number is Not Acceptable) 50 N. Laura Street, Suite 2800
83
84 City Jacksonville FL 32202 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 607.0105, Florida Statutes.
SIGNATURE Thomas C. Dearing Thomas C. Dearing DATE 4/28/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | PARKS, RALPH A. | |
| STREET ADDRESS | 13370 MANDARIN RD | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|----------------------------|--|
| 1.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Ralph A. Parks | |
| 1.3 STREET ADDRESS | 1956 Cook Rd. | |
| 1.4 CITY-ST-ZIP | Fernandina Beach, FL 32034 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I do 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.
SIGNATURE: [Signature] DATE: 4/21/97 DAYTIME PHONE: 904 261 8787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)