

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000042766 (3)

1. Corporation Name
RRC FL FIVE, INC.



Principal Place of Business: 121 W FORSYTH ST, SUITE 200, JACKSONVILLE FL 32202
Mailing Address: 121 W FORSYTH ST, SUITE 200, JACKSONVILLE FL 32202

3. Date Incorporated or Qualified: 06/06/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3248289
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 (21-24)
2a. Mailing Address (25-28)
22. Suite, Apt. #, etc.
23. City & State
24. Zip
25. Country

9. Name and Address of Current Registered Agent: MILLER, ROBERT L JR., 121 W FORSYTH ST, SUITE 200, JACKSONVILLE FL 32202
10. Name and Address of New Registered Agent (81-85)

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: _____ DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|---|-----------------------------------|
| TITLE: C | STEIN, JOAN W 121 W FORSYTH ST. #200 JACKSONVILLE FL | 1.1 TITLE: <input checked="" type="checkbox"/> DELETE | 1.1 NAME: Johnson, Bruce M. |
| TITLE: P | STEIN, JR., MARTIN, E 121 W FORSYTH ST. #200 JACKSONVILLE FL | 2.1 TITLE: <input type="checkbox"/> DELETE | 2.1 NAME: Thompson, James D. |
| TITLE: VPS | MILLER, ROBERT L 121 W FORSYTH ST. #200 JACKSONVILLE FL | 3.1 TITLE: <input type="checkbox"/> DELETE | 3.1 NAME: Skinner, A. Chester III |
| TITLE: <input type="checkbox"/> DELETE | | 4.1 TITLE: <input type="checkbox"/> DELETE | 4.1 NAME: Leavitt, J. Christian |
| TITLE: <input type="checkbox"/> DELETE | | 5.1 TITLE: <input type="checkbox"/> DELETE | |
| TITLE: <input type="checkbox"/> DELETE | | 6.1 TITLE: <input type="checkbox"/> DELETE | |

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: *Robert L. Miller*
ROBERT L. MILLER
VICE PRESIDENT
4/25/96
(904) 350-7000
DATE: _____

CR2E034 (12/95)