

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

**APPROVED
AND
FILED**

95 APR 26 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mathews Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	---	--

DOCUMENT # P94000057254 (2)
1. Corporation Name
RCJ INVESTMENTS, INC.

Principal Place of Business 1800 AVENIDA CENTRAL LADY LAKE FL 32159	Mailing Address 1800 AVENIDA CENTRAL LADY LAKE FL 32159
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/28/1994		3a. Date of Last Report N/A	
2. Principal Place of Business 21 1100 MAIN STREET Suite, Apt. #, etc.	2a. Mailing Address 26 1100 MAIN STREET Suite, Apt. #, etc.	4. FEI Number 59-3256843	Applied For Not Applicable
22 City & State LADY LAKE, FLORIDA	27 City & State LADY LAKE, FLORIDA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip 32159	25 Country U.S.A.	29 Zip 32159	30 Country U.S.A.
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under 5 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent JANS, RICHARD G 1000 WEST MAIN STREET LEESBURG FL 34748		10. Name and Address of New Registered Agent 81 Name R. DEWEY BURNSED 82 Street Address (P.O. Box Number is Not Acceptable) McLIN BURNSED, MORRISON, JOHNSON & ROBUCK 83 1100 MAIN STREET, SUITE 211 84 City LADY LAKE, FLORIDA FL 85 Zip Code 32159	
---	--	---	--

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 *R. Dewey Burnsed* **R. Dewey Burnsed** **4-18-95**
Signature (Last or full name of new agent and title, as applicable) (Date Registered Agent resignation received and effect beginning) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1 1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1 2 NAME	H. Gary Morse
STREET ADDRESS		1 3 STREET ADDRESS	1100 Main Street
CITY - ST - ZIP		1 4 CITY - ST - ZIP	Lady Lake, Florida 32159
TITLE		2 1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2 2 NAME	R. Dewey Burnsed
STREET ADDRESS		2 3 STREET ADDRESS	1100 Main Street-Suite 211
CITY - ST - ZIP		2 4 CITY - ST - ZIP	Lady Lake, Florida 32159
TITLE		3 1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3 2 NAME	Terry Hicks
STREET ADDRESS		3 3 STREET ADDRESS	1100 Main Street
CITY - ST - ZIP		3 4 CITY - ST - ZIP	Lady Lake, Florida 32159
TITLE		4 1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4 2 NAME	John F. Wise
STREET ADDRESS		4 3 STREET ADDRESS	1100 Main Street
CITY - ST - ZIP		4 4 CITY - ST - ZIP	Lady Lake, Florida 32159
TITLE		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		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 as changed, or on an attached report with an address.

SIGNATURE: *John F. Wise* **John F. Wise** **4-18-95** **(904) 753-6270**
Signature and Typed on Printed Name of Signing Officer or Director (Date) (Registered Phone #)