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

PROFIT **CORPORATION** ANNUAL REPORT



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

1	9	9	b

DOCUN 1. Corporation	MENT # P940 0	00057254 (2	2)			
RCJ INVESTMENTS, INC.				4 AT \$41 T B 1 A B AT S 1 A	154 ál lig a brás á lski sáðsa sjáði áski álski líðs	
Principal Place	of Business	Mailing Address				
1100 MAIN LADY LAKE US		1100 main street Lady Lake FL 32159 US	•		Date Incorporated or Qualified	3a. Date of Last Report
					07/28/1994	04/26/1995
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number	Applied For
21	**-	Suite Ant # etc			59-3256843	Not Applicable \$8.75 Additional
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28	T 0t		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip 29	Country		8. This corporation has liability for in Florida Statutes Yes	-
24	9. Name and Address of Current		1301		10. Name and Address of New R	
			81	Name		
BURNSED, R. D		82	Street Add	ress (P.O. Box Number is Not Acceptable	le)	
	BURNSED, MORRISON, JOHNS	ON & ROBUCK	83			· · · · · · · · · · · · · · · · · · ·
	MAIN STREET, SUITE 211					
LADY	AKE FL 32159		84	City		FL 85 Zip Code
or registere	o the provisions of Sections 607.0502 ad agent, or both, in the State of Florid n, and accept the obligations of, Sections	 a. Such change was authorize 	s, the above-raid by the corp	named corpo oration's boa	ration submits this statement for the pur ird of directors. I hereby accept the appo	pose of changing its registered office pintment as registered agent. I am
\$	Signature, typed or primed name of registered agent r			it signature require	ed when reinstating	DATE
12.	OFFICERS AND	DIRECTORS DELETE	13. 1 1 TITLE	————	ADDITIONS/CHANGES TO OFFI	CHS AND DIREC ORS IN 12
NAME	PD Morse, H. Gary		1.2 NAME			_ onwigh hours
STREET ADDRESS	1100 MAIN STREET		1.3 STREET	ADDRESS		
CITY-S1-ZIP	LADY LAKE FL 32159		1.4 CITY - S	i7 - ZIP		
TITLE	DS	☐ DELETE	2 1 TITLE			Change Addition
NAME	Burnsed, R. Dewey		2.2 NAME			
STREET ADDRESS	1100 MAIN STREET-SUITE	211	2.3 STREET			
CITY-S1-ZIP	LADY LAKE FL 32159	☐ DELETE	24 CITY-5 3. 1 TITLE	11 - ZIP		Change Addition
NAME	HICKS, TERRY	_	3.2 NAME			-
STREET ADDRESS	1100 MAIN STREET		3.3 STREE	T ADDRESS		
GITY-ST-ZIF	LADY LAKE FL 32159	, <u> </u>	3 4 CITY - 9	IT- ZIP		
THLE	T	DELETE	4. 1 TITLE	1		Change Addition
NAME	WISE, JOHN F		4.2 NAME	ADDDCCC		
STREET ADDRESS	1100 MAIN STREET		4.3 STREET			
CITY-ST-ZIP TITLF	LADY LAKE FL 32159	☐ DELETE	5. 1 TITLE	/1 &H		Change Addition
NAME		_	5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY - ST - ZIP			5.4 CITY-5	ST-ZIP		(1) Observe (2) Address
TITLE		☐ DELETE	6 1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME	********		
STREET ADORESS			63 STREET			
City-S1-ZiP	certify that the information supplied y	with this filing is voluntarily furni	64 City-5		for the exemption stated in Section 119.	07(3)(k), Florida Statutes, I further

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 I he 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 eath; 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Prove is

CR2E034 (12/95)