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Jan 15 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 # P95000070084 (5)

1. Corporation Name  
R&R PROPERTIES, INC.



Principal Place of Business: 1649 ATLANTIC BLVD. JACKSONVILLE FL 32207  
Mailing Address: 1649 ATLANTIC BLVD. JACKSONVILLE FL 32207-3346

3. Date Incorporated or Qualified: 09/07/1995  
3a. Date of Last Report: 04/10/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3337257	Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
24. Zip	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	29		
25. Country	30. Country		
25	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GLICKSTEIN, JOSEPH M JR.  
444 THIRD ST.  
NEPTUNE BEACH FL 32286

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
	85. 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 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PT
NAME	GRAY, RICHARD M	1.2 NAME	
STREET ADDRESS	1649 ATLANTIC BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32207	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	D VP
NAME		2.2 NAME	Russell C. Stuart
STREET ADDRESS		2.3 STREET ADDRESS	1649 Atlantic Blvd.
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Jacksonville, FL 32207
TITLE		3.1 TITLE	S
NAME		3.2 NAME	Madeline M. Gray
STREET ADDRESS		3.3 STREET ADDRESS	1649 Atlantic Blvd.
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Jacksonville, FL 32207
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 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: *Richard M Gray* RICHARD M GRAY, PRES 1/10/97 904/356-1188  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (9/96)