FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **665963** **(5)**

1. Corporation Name
RCCP, INC.

Principal Place of Business	Mailing Address
P. O. BOX 10696 JACKSONVILLE FL 32247-0696	P. O. BOX 10696 JACKSONVILLE FL 32247-0696

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/01/1980**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

City & State — 23
City & State — 28

Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: **59-1995519** ☐ 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

PERRY, T. KEITH
2031 HENDRICKS AVENUE
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name: **J. Keith M. Sands, Esquire**
82 Street Address (P.O. Box Number is Not Acceptable): **Pranson, Aldridge & Sands, P.A.**
83: **1551 Atlantic Blvd, Suite 200**
84 City: **Jacksonville** **FL** 85 Zip Code: **32207**

11. Pursuant to the provisions of Section 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 _____ **J. Keith M. Sands** **4/28/95**
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	P/D/C/T	XX Change ☐ Addition
NAME	MASON, RAYMOND K.	1.2 NAME	Mason, Raymond K.	
STREET ADDRESS	2031 HENDRICKS AVENUE	1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE		XX Change ☐ Addition
NAME	MASON, RAYMOND K., JR.	2.2 NAME	Mason, Raymond K., Jr.	
STREET ADDRESS	2031 HENDRICKS AVENUE	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Delete	
TITLE	S	3.1 TITLE	S/V	XX Change ☐ Addition
NAME	SALEN, SHERRIE W	3.2 NAME	Salen, Sherrie W.	
STREET ADDRESS	2031 HENDRICKS AVENUE	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE		XX Change ☐ Addition
NAME	PERRY, T. KEITH	4.2 NAME	Perry, T. Keith	
STREET ADDRESS	2031 HENDRICKS AVENUE	4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Delete	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 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: Sherrie W. Salen **Sherrie W. Salen, Secretary** **4/28/95** **(904)396-8166**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0407029 FP