

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **665963** (5)

1. Corporation Name

RCCP, INC.



Principal Place of Business

Mailing Address

P. O. BOX 10696
JACKSONVILLE FL 32247-0696

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JACKSONVILLE FL 32247-0696

3. Date Incorporated or Qualified

04/01/1980

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **2022 Hendricks Avenue**

26 **2022 Hendricks Avenue**

4. FEL Number

59-1995519

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 **Jacksonville, FL**

28 **Jacksonville, FL**

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip Country

Zip Country

24 **32207**

25

29 **32207**

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SANDS, J KEITH M ESQ
FRANSON ALDRIDGE & SANDS PA
1551 ATLANTIC BLVD SUITE 200
JACKSONVILLE FL 32207**

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

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 ☐ DELETE
NAME **PDCT**
STREET ADDRESS **MASON, RAYMOND K**
CITY - ST - ZIP **2031 HENDRICKS AVENUE**
JACKSONVILLE FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **PDCT**
1.3 STREET ADDRESS **Mason, Raymond K.**
1.4 CITY - ST - ZIP **2022 Hendricks Avenue**
Jacksonville, FL

TITLE ☐ DELETE
NAME **SV**
STREET ADDRESS **SALEN, SHERRIE W**
CITY - ST - ZIP **2031 HENDRICKS AVENUE**
JACKSONVILLE FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **SV**
2.3 STREET ADDRESS **Salen, Sherrie W.**
2.4 CITY - ST - ZIP **2022 Hendricks Avenue**
Jacksonville, FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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: *Sherrie W. Salen*

Sherrie W. Salen, Secretary 4/29/96 (904) 396-8166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)