

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

**CORPORATION
ANNUAL REPORT
1995**



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

95 MAY -1 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 667885 (8)

1. Corporation Name

RJ PROPERTIES, INC.

Principal Place of Business

**880 CARILLON PKWY.
P.O. BOX 12749
ST PETERSBURG FL 33733-2749**

Mailing Address

**880 CARILLON PKWY.
P.O. BOX 12749
ST PETERSBURG FL 33733-2749**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/24/1980

3a. Date of Last Report

04/26/1994

4. FBI Number

58-2042811

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 **FILED BY PARENT CO.**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PIPPENGER, LYNN
880 CARILLON PKWY.
ST. PETERSBURG FL 33716**

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD
NAME	LEE, ALAN G.
STREET ADDRESS	2556 HAWK WAY ST.
CITY - ST - ZIP	MARIETTA GA
TITLE	DV
NAME	MOSBY, J. D III
STREET ADDRESS	915 - 17TH AVE., NE
CITY - ST - ZIP	ST PETERSBURG FL
TITLE	V
NAME	LUCKETT, JOHN
STREET ADDRESS	7000 CENTRAL PKWY, STE. 1500
CITY - ST - ZIP	ATLANTA GA
TITLE	PD
NAME	LOVE, ROBERT
STREET ADDRESS	2065 OLD DOMINION RD
CITY - ST - ZIP	ATLANTA GA
TITLE	ST
NAME	LOTZ, BARBARA
STREET ADDRESS	3270 TERN WAY
CITY - ST - ZIP	CLEARWATER FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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 110.07(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 person empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, as applicable, or on an attachment with the address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA J. LOTZ

4/26/95

813-573-3800