

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 # F86050

(4)

1. Corporation Name

RJ COMMUNICATION, INC.



Principal Place of Business

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

Mailing Address

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

3. Date Incorporated or Qualified
06/21/1982

3a. Date of Last Report
05/01/1995

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

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PIPPINGER, LYNN
880 CARILLON PARKWAY
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
JAMES, THOMAS A.
STREET ADDRESS 7977 9TH AVENUE SOUTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ DELETE

NAME VD
SHUCK, ROBERT F.
STREET ADDRESS 7891 11TH AVENUE SOUTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ DELETE

NAME YD
PIPPINGER, LYNN
STREET ADDRESS 19500 GULF BLVD., #105
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ DELETE

NAME P
SILVER, LAWRENCE A
STREET ADDRESS 795 VILLAGE WAY
CITY-ST-ZIP PALM HARBOR FL

TITLE ☐ DELETE

NAME AS
SIMPSON, DENISE R.
STREET ADDRESS 880 CARILLON PKWY.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ DELETE

NAME AS
PALSHA, GRACE M
STREET ADDRESS 880 CARILLON PKWY.
CITY-ST-ZIP ST. PETE. FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

880 CARILLON PKWY.
ST. PETERSBURG, FL. 33716

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

880 CARILLON PKWY.
ST. PETERSBURG, FL. 33716

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

880 CARILLON PKWY.
ST. PETERSBURG, FL. 33716

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

880 CARILLON PKWY.
ST. PETERSBURG, FL. 33716

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Lynn Pippenger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

4/25/96

813-573-3800

Date

Daytime Phone #

CR2E034 (12/95)