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Apr 21 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 # F86050

(4)

1. Corporation Name

RJ COMMUNICATION, INC.



Principal Place of Business

Mailing Address

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

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

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2219197

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. FILED BY PARENT COMPANY

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PIPPENGER, 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 type: For 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 D
NAME JAMES, THOMAS A.
STREET ADDRESS 880 CARILLON PKWY
CITY- ST- ZIP ST PETERSBURG FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE VD
NAME SHUCK, ROBERT F.
STREET ADDRESS 880 CARILLON PKWY
CITY- ST- ZIP ST PETERSBURG FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE TD
NAME PIPPENGER, LYNN
STREET ADDRESS 880 CARILLON PKWY
CITY- ST- ZIP ST PETERSBURG FL

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

TITLE P
NAME SILVER, LAWRENCE A.
STREET ADDRESS 880 CARILLON PKWY
CITY- ST- ZIP ST PETERSBURG FL

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

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-97

Date

813-573-3800

Daytime Phone #

CR2E034 (9/96)