


2008 FOR PROFIT CORPORATION ANNUAL REPORT

1082

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|--|--|---|
| DOCUMENT # F86050 | |  |
| 1. Entity Name RJ COMMUNICATION, INC. | | |

FILED

2008 MAY -1 AM 7:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | |
|--|--|
| 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 |
|--|--|

| | | | |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

04182008 Chg-P CR2E034 (12/06)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 59-2219197 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

| | |
|---|--|
| 6. Name and Address of Current Registered Agent | |
| MATECKI, PAUL L 880 CARILLON PARKWAY ST. PETERSBURG, FL 33716 | |

| | |
|---|-----------------------------|
| 7. Name and Address of New Registered Agent | |
| Name | CT Corporation System |
| Street Address | 1200 South Pine Island Road |
| City | Plantation, FL 33324 |
| Zip Code | |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Barbara A. Burke **Barbara A. Burke** **Special Assistant Secretary** 4-30-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D JAMES, THOMAS A. 880 CARILLON PKWY ST PETERSBURG, FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD SHUCK, ROBERT F. 880 CARILLON PKWY ST PETERSBURG, FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD PIPPENGER, LYNN 880 CARILLON PKWY ST PETERSBURG, FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P WHITE, MICHAEL K 880 CARILLON PARKWAY SAINT PETERSBURG, FL 337165 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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05/13/08--01036--019 **150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS A. JAMES **THOMAS A. JAMES** 4/23/08 727-567-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

RJ COMMUNICATION, INC.

Incorporated: 6/21/1982
Federal ID: 59 2219197
Florida Charter: F86050

DIRECTORS:

Thomas A. James
Robert F. Shuck
Lynn Pippenger

Director
Director
Director

880 Carillon Parkway St. Petersburg FL 33716
880 Carillon Parkway St. Petersburg FL 33716
880 Carillon Parkway St. Petersburg FL 33716

OFFICERS:

Michael K. White
Robert F. Shuck
Lynn Pippenger

President
Vice President
Secretary/Treasurer

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