

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
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 # F93000005791 (9)

1. Corporation Name  
RJ MORTGAGE ACCEPTANCE CORPORATION

Principal Place of Business  
880 CARILLON PARKWAY  
ST. PETERSBURG FL 33716

Mailing Address  
880 CARILLON PARKWAY  
ST. PETERSBURG FL 33716-1102



3. Date Incorporated or Qualified 12/21/1993  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 21 Suite Apt. # etc. 22 City & State 23 Zip 24 Country 25  
2a. Mailing Address 26 Suite Apt. #, etc. 27 City & State 28 Zip 29 Country 30

4. FEI Number 59-3215402  
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 FILED BY PARENT COMPANY

9. Name and Address of Current Registered Agent

SHUCK, ROBERT F  
880 CARILLON PARKWAY  
ST. PETERSBURG FL 33716

10. Name and Address of New Registered Agent

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	NAME	STREET ADDRESS	CITY - ST - ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
DP	MOSBY, J DAVENPORT II	880 CARILLON PARKWAY	ST. PETERSBURG FL	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
D	SAYLER, VAN C	880 CARILLON PARKWAY	ST. PETERSBURG FL 33716	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
ST	SHEETS, TODD W.	880 CARILLON PKAY	ST. PETERSBURG FL	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition		

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] Davenport Mosby III 4/9/97 813-573-3800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)