

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90115 001 ***300.00

DOCUMENT # F96000005553

1. Entity Name
RCMC, INC.

Principal Place of Business Mailing Address
5761 WEST 12TH STREET **160 CLAIREMONT AVE**
JACKSONVILLE FL 32254 **DECATUR GA 30030**
US **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
65-0710002 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
 NAME **GROSS, JACK**
 STREET ADDRESS **160 CLAIREMONT AVE., STE 410**
 CITY-ST-ZIP **DECATUR GA 30030**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **FLEMING, ROBERT M**
 STREET ADDRESS **160 CLAIREMONT AVE., STE. 410**
 CITY-ST-ZIP **DECATUR GA 30030**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **MATHESON, ROBERT C**
 STREET ADDRESS **160 CLAIREMONT AVE., STE 410**
 CITY-ST-ZIP **DECATUR GA 30030**

TITLE **VP/Secretary** Change Addition
 NAME **Matheson, Robert C.**
 STREET ADDRESS **160 Clairemont Ave.**
 CITY-ST-ZIP **Decatur GA 30030**

TITLE **T** Delete
 NAME **FORBES, DAVID S**
 STREET ADDRESS **160 CLAIREMONT AVE., STE. 410**
 CITY-ST-ZIP **DECATUR GA 30030**

TITLE **VP/Treas/Asst. Secretary** Change Addition
 NAME **Forbes David S.**
 STREET ADDRESS **160 Clairemont Ave.**
 CITY-ST-ZIP **Decatur GA 30030**

TITLE **VP** Delete
 NAME **WEAVER, STANLEY G**
 STREET ADDRESS **160 CLAIREMONT AVENUE, SUITE 410**
 CITY-ST-ZIP **DECATUR GA 30030**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Asst. Secretary** Change Addition
 NAME **Schmidt, Melissa**
 STREET ADDRESS **160 Clairemont Ave.**
 CITY-ST-ZIP **Decatur GA 30030**

13. I 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Melissa L. Schmidt (MELISSA L. SCHMIDT) 2/25/02 404-370-4305
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
 CR2E034 (9/01)