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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT	#	F9800000413
1 Compration Name		1 0000000 1 10

RJEIF, INC.

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90092 043 ***150.00



_	•									
Principal Place	e of Business	Mailing Address					#1#1 1#11 m#11 wwi	1 29 1() 59 ()) 9 (BILL 8 8111 91981 1	
880 CARILLON	PKWY	880 CARILLON PKWY								
ST PETERSBUR		ST PETERSBURG FL 33716	6							
							DO NOT WRIT	E IN THIS	SPACE	
	•					3. Date Incorporate	d or Qualifed			į
						01/23/1998				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	_ ·	_		lied For
21		26				APPLIED FO	ዘ 	<u> 8874 </u>	<u> </u>	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		-		5. Certifcate of Stat	us Desired		` \$8.75 ∧	
22		27				3. Continuate of Old		<u> </u>	Fee Re	quired
City & Stat	e .	City & State				6. Election Campai	gn Financing		\$5.00	May Be
23	•	28				Trust Fund Cont	ribution	<u> </u>	Added to	Fees
Zip	Country	Zip	Cour	ntry		8. This corporation	owes the curre	nt year Inta	angible	
24	25	29	30			Personal Proper	ty Tax.		☐ Yes	□No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Add	ress of New R	egistered /	Agent	
				81	Name					
GOD	BOLD, F.S.			00	Ctt Add	ss (P.O. Box Number	ia Not Acconta	nlo)		
880	Carillon Pkwy			82	Street Addre	SS (P.O. BOX Number	is Not Acceptal	Jie j		
ST P	ETERSBURG FL 33716		ŀ	83						
	•			84	City			FL	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statul	tes, the ab	ove	-named corpo	ration submits this stat	tement for the p	surpose of	changing its	egistered
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was a	luthorized	DV ti	he corporation	i's board of directors.	hereby accept	the appoir	itment as reg	ısterea
	in laminal with, and accept the oolig	jations of, decitor our loods, the	mod Otato	103.						
SIGNATURE	Signature, typed or printed name of registered ag	pent and title if applicable. (NOTI	E: Registered	Agent	signature required	when reinstating)	n= .	DATE		
12.		AND DIRECTORS	13.		-	ADDITIONS/CHA	NGES TO OFF	ICERS AN	D DIRECTO	RS IN 12
TITLE	CP	☐ DELETE	1.1 TIT	Œ					Change	Addition
NAME	GOOBOLD, F.S.		1.2 NA	ME						
STREET ADDRESS	880 CARILLON PKWY		13.ST	REET	ADDRESS					
	ST PETERSBURG FL 33716		1.4 CIT							
CITY-ST-ZIP	TD	. DELETE	2.1 TIT		-2,				☐ Change	☐ Addition
	' -		2.2 NA							
NAME	JULIEN, JEFFREY P									
STREET ADDRESS	880 CARILLON PKWY	• -			ADDRESS	<u>.</u> .		<u></u>		
CITY-ST-ZIP	ST PETERSBURG FL 33716	DELETE	2. 4 CF		r-ZIP				Change	Addition
TITLE	D FOLLING FLORIDA	☐ DELETE	3.1 TIT	ᇿ						
NAME	Franke, Thomas									
STREET ADDRESS			3.2 NA			•				
CITY-ST-ZIP	880 CARILLON PKWY				ADDRESS					
OIII OI EI	ST PETERSBURG FL 33716		3.3 STF 3.4. CF	REET /						D a dulta
TITLE	ST PETERSBURG FL 33716 D	☐ DELETE	3.3 511	REET /					☐ Change	Addition
	ST PETERSBURG FL 33716	☐ DELETE	3.3 STF 3.4. CF	REET / TY-ST LE					☐ Change	Addition
TITLE	ST PETERSBURG FL 33716 D JAMES, THOMAS	☐ DELETE	3.3 STI 3.4. CII 4.1 TIT 4. 2 NA	REET / TY-ST LE MME			16181		☐ Change	Addition
TITLE NAME	ST PETERSBURG FL 33716 D JAMES, THOMAS	☐ DELETE	3.3 STI 3.4. CII 4.1 TIT 4. 2 NA	REET/ TY-ST LE AME REET/	ADDRESS					
TITLE NAME STREET ADDRESS	ST PETERSBURG FL 33716 D JAMES, THOMAS 880 CARILLON PKWY	☐ DELETE	3.3 STI 3.4. CII 4.1 TIT 4. 2 NA 4.3 STI	REET/ TY-ST LE AME REET/ TY-ST-	ADDRESS				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	D JAMES, THOMAS 880 CARILLON PKWY ST PETERSBURG FL 33716 S		3.3 STI 3.4. C.I 4.1 TIT 4. 2 NA 4.3 STI 4.4 C.II	REET / TY-ST TLE AME REET / TY-ST- TLE	ADDRESS			•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D JAMES, THOMAS 880 CARILLON PKWY ST PETERSBURG FL 33716 S PALSHA, GRACE		3.3 STI 3.4. CII 4.1 TIT 4. 2 NA 4.3 STI 4.4 CII 5.1 TIT 5.2 NA	REET / TY-ST LE NME REET / TY-ST- LE	ADDRESS			•		
TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS	ST PETERSBURG FL 33716 D JAMES, THOMAS 880 CARILLON PKWY ST PETERSBURG FL 33716 S PALSHA, GRACE 880 CARILLON PKWY		3.3 STI 3.4. CII 4.1 TIT 4. 2 NA 4.3 STI 4.4 CII 5.1 TIT 5.2 NA	REET/ TY-ST LE AME REET/ TY-ST- LE AME	ADDRESS ZIP ADDRESS			·.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D JAMES, THOMAS 880 CARILLON PKWY ST PETERSBURG FL 33716 S PALSHA, GRACE		3.3 STI 3.4. CII 4.1 TIT 4.2 NA 4.3 STI 4.4 CII 5.1 TIT 5.2 NA 5.3 STI	REET / TY-ST- TLE TY-ST- TLE TY-ST- TY-ST- TY-ST- TY-ST-	ADDRESS ZIP ADDRESS			· .		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ST PETERSBURG FL 33716 D JAMES, THOMAS 880 CARILLON PKWY ST PETERSBURG FL 33716 S PALSHA, GRACE 880 CARILLON PKWY	☐ DELETE	3.4 CIT 4.1 TIT 4.2 NA 4.3 STI 4.4 CIT 5.1 TIT 5.2 NA 5.3 STI 5.4 CIT 6.3 NA	TY-ST- LE REET/ IY-ST- LE REET/ IY-ST- LE REET/ IY-ST- ILE ME REET/ IY-ST- LE	ADDRESS ZIP ADDRESS			·.	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ST PETERSBURG FL 33716 D JAMES, THOMAS 880 CARILLON PKWY ST PETERSBURG FL 33716 S PALSHA, GRACE 880 CARILLON PKWY ST PETERSBURG FL 33716	☐ DELETE	3.4 CIT 4.1 TIT 4.2 NA 4.3 STI 4.4 CIT 5.1 TIT 5.2 NA 5.3 STI 5.4 CIT 6.3 NA	REET / TY-ST- THE TY-ST- TLE THE TREET /	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS				☐ Change	☐ Addition

CITY-ST-ZIP 14. 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 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 one attachment with an address, with all other like empowered.

SIGNATURE: