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**APPROVED
AND
FILED**

95 APR 20 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H10297 (0)

1. Corporation Name

R. D. R. MANAGEMENT OF JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

6338 103RD ST
JACKSONVILLE FL 32210

6338 103RD ST
JACKSONVILLE FL 32210

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/01/1984

3a. Date of Last Report

03/04/1994

4. FEI Number

59-2419979

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCKEAN, DOUGLAS S.
6338 103RD ST
JACKSONVILLE FL 32210

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 | DP |
| NAME | MCKEAN, DOUGLAS S. |
| STREET ADDRESS | 8112 SANTILLO DR |
| CITY - ST - ZIP | JACKSONVILLE FL |
| TITLE | DTS |
| NAME | MCKEAN, RENATE M. |
| STREET ADDRESS | 8112 SANTILLO DR |
| CITY - ST - ZIP | JACKSONVILLE FL |
| TITLE | V |
| NAME | MCKEAN, RONALD A. |
| STREET ADDRESS | 818 PIZARRO DR |
| CITY - ST - ZIP | JACKSONVILLE FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | |
|---------------------|--|
| 1 1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1 2 NAME | |
| 1 3 STREET ADDRESS | 6035 KLARE DR |
| 1 4 CITY - ST - ZIP | KEYSTONE HEIGHTS FL 32656 |
| 2 1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2 2 NAME | |
| 2 3 STREET ADDRESS | 6035 KLARE DR |
| 2 4 CITY - ST - ZIP | KEYSTONE HEIGHTS FL 32656 |
| 3 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3 2 NAME | |
| 3 3 STREET ADDRESS | |
| 3 4 CITY - ST - ZIP | |
| 4 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4 2 NAME | |
| 4 3 STREET ADDRESS | |
| 4 4 CITY - ST - ZIP | |
| 5 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5 2 NAME | |
| 5 3 STREET ADDRESS | |
| 5 4 CITY - ST - ZIP | |
| 6 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6 2 NAME | |
| 6 3 STREET ADDRESS | |
| 6 4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included 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 907, Florida Statutes; and that my name appears in Block 92 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

3/1/95
Date

904-778-5076
Daytime Phone #