

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra P. Mortman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H10297 (0)**

1. Corporation Name
R. D. R. MANAGEMENT OF JACKSONVILLE, INC.



Principal Place of Business
6338 103RD ST JACKSONVILLE FL 32210

Mailing Address
6338 103RD ST JACKSONVILLE FL 32210

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 State, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified **07/01/1984** 3a. Date of Last Report **04/20/1995**

4. FEI Number **59-2419979** 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 Yes No

9. Name and Address of Current Registered Agent
**MCKEAN, DOUGLAS S.
6338 103RD ST
JACKSONVILLE FL 32210**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (if O.E.B. Number is Not Applicable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0602 and 607.1403, 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. Said change was approved by the corporation's board of directors, thereby, to accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0602, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

11.1 TITLE	DP	<input type="checkbox"/> DELETE
11.2 NAME	MCKEAN, DOUGLAS S.	
11.3 STREET ADDRESS	6035 KLARE DR.	
11.4 CITY, ST., ZIP	KEYSTONE HEIGHTS FL	
11.5 TITLE	DTS	<input type="checkbox"/> DELETE
11.6 NAME	MCKEAN, RENATE M.	
11.7 STREET ADDRESS	6035 KLARE DR	
11.8 CITY, ST., ZIP	KEYSTONE HEIGHTS FL	
11.9 TITLE	V	<input type="checkbox"/> DELETE
11.10 NAME	MCKEAN, RONALD A.	
11.11 STREET ADDRESS	818 PIZARRO DR	
11.12 CITY, ST., ZIP	JACKSONVILLE FL	
11.13 TITLE		<input type="checkbox"/> DELETE
11.14 NAME		
11.15 STREET ADDRESS		
11.16 CITY, ST., ZIP		
11.17 TITLE		<input type="checkbox"/> DELETE
11.18 NAME		
11.19 STREET ADDRESS		
11.20 CITY, ST., ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST., ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST., ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST., ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST., ZIP	
13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY, ST., ZIP	

*5230 STANFORD GABLE PL
JACKSONVILLE FL 32257*

14. I do hereby certify that the information supplied on this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this report is required or supplied under annual report law and a penalty and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of this corporation or the registrant or he/she is employed to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 2 or Block 13 if changed, on the attachment with a true copy.

SIGNATURE: *[Signature]* Pres. 3-25-96 (904) 772-9076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Douglas S. McKean

CR2E034 (12/95)