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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STA

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J36251

(3)

FILED Jan 22 1998 8:00am Secretary of State

1. Corporation	on Name	1 (<i>3)</i>			
RECIP	ROCAL MANAGEMENT, INC) .			
, ileon	HOOME WANAGEMENT, IN	<i>)</i> •		4 (8817)8 8488 (4)18 87148 (488) 81484 (487)	1011 U(011 U(017 U(017 U(01) 0) 0) 0)
D.::1.0:					
Principal Plac	ce of Business	Mailing Address			
219 NEWNAN STREET		219 NEWNAN STREET			
		P.O. DRAWER 41490		DO NOT WRITE IN THIS SPACE	
PACKSOMMI	LLE PL 32203	JACKSONVILLE FL 32	aus	3. Date Incorporated or Qualified	THIS SPACE
				•	
2 Principal C	Place of Business	2a. Mailing Address		10/01/1986 4. FEI Number	
<u> </u>	-lace of Business	— ·			Applied For
21 Suita Ant	# ata	Suite, Apt. #, etc.		59-2995927	Not Applicable
Suite, Apt. #, etc				5. Certificate of Status Desired	\$8.75 Additional
		27			Fee Required
23		28		6. Election Campaign Financing	\$5.00 May Be Added to Fees
رجم ا Zip	Country	Zip	Country		
	25		⊢ '	8. This corporation owes or has paid t	
24	9. Name and Address of Currer	29 Agent	30	Personal Property Tax due June 30 10. Name and Address of New Regis	
		it negistered Agent	81 Name	10, Name and Address of New Aegis	tered Agent
TOWELL, THE JOCAT IC.					
219 NEWNAN STREET			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
P.O. DRAWER 41490					
JA	ACKSONVILLE FL 32203		83		
			84 City		85 Zip Code
					FL
11. Pursuant	to the provisions of Sections 607.050	2 and 607, 1508, Florida Stat	utes, the above-named corp	oration submits this statement for the purp	ose of changing its registered
agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig	or Florida, Such change was ations of, Section 607,0505, I	s autnorized by the corporati Florida Statutes.	oration submits this statement for the purp on's board of directors. I hereby accept th	ie appointment as registered
SIGNATURE	, -				
SIGNATORIE	Signature, typed or printed name of registered age	ent and title if applicable. (No	OTE. Registered Agent signature require	ed when reinstating)	DATE
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.7 TIYLE		Change Addition
NAME	POWELL, FITZHUGH K.		1.2 NAME		
STREET ADDRESS	219 NEWNAN STREET		1.3 STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		j
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	POWELL, FITZHUGH K., JR.		2.2 NAME		
STREET ADDRESS	219 NEWNAN STREET		2.3 STREET ADDRESS		1
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CITY-ST-ZIP		
TITLE	D	DELETE	3.1 TITLE	·.	Change Addition
NAME	POWELL, THOMAS S.		3.2 NAME		
	219 NEWNAN STREET				
STREET ADDRESS	JACKSONVILLE FL		3.3 STREET ADDRESS		
CITY - ST - ZIP	D D	Постоп	3.4. CITY-ST-ZIP		D Obassa D Addition
TITLE	_	☐ DELETE	4.1 TITLE		Change Addition
NAME	POWELL, W.E.		4. 2 NAME		1
STREET ADDRESS	219 NEWNAN ST.		4.3 STREET ADDRESS		i
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME	T.	
STREET ADDRESS			5.3 STREET ADORESS		1
CITY-ST-ZIP			5.4 CITY - ST - ZIP		ŧ
TITLE	, , ,	☐ DELETE	6.1 TITLE		Change Addition
NAME		:-	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Section 119 07/3\/i) Florida Statutes I furti	

In hereby certify that the information supplied with this filling does not quality 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 eath; 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 supplementary in Block 12 or Block 13 if changed, or on an attackment with an address.

SIGNATURE: