

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J37696 (8)**

1. Corporation Name
RCF, INC.



Principal Place of Business: **408 W 8 ST JACKSONVILLE FL 32206**
Mailing Address: **408 W 8 ST JACKSONVILLE FL 32206**

3. Date Incorporated or Qualified 10/14/1986	3a. Date of Last Report 01/19/1995
4. FEI Number 59-2732577	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**COLD, KATHLEEN H
1 INDEPENDENT DRIVE
SUITE 2301
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

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 of the corporation or registered agent (if applicable)

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	PD HUGGINS, WILLIAM J. <input checked="" type="checkbox"/> DELETE	1.1 TITLE PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	408 WEST EIGHTH STREET JACKSONVILLE FL	1.2 NAME ROBERT M PRICE
CITY-STATE-ZIP		1.3 STREET ADDRESS 408 WEST EIGHTH ST JACKSONVILLE, FL 32210
TITLE	<input type="checkbox"/> DELETE	1.4 CITY-STATE-ZIP
NAME		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2.2 NAME
CITY-STATE-ZIP		2.3 STREET ADDRESS
TITLE	<input type="checkbox"/> DELETE	2.4 CITY-STATE-ZIP
NAME		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3.2 NAME
CITY-STATE-ZIP		3.3 STREET ADDRESS
TITLE	<input type="checkbox"/> DELETE	3.4 CITY-STATE-ZIP
NAME		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME
CITY-STATE-ZIP		4.3 STREET ADDRESS
TITLE	<input type="checkbox"/> DELETE	4.4 CITY-STATE-ZIP
NAME		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME
CITY-STATE-ZIP		5.3 STREET ADDRESS
TITLE	<input type="checkbox"/> DELETE	5.4 CITY-STATE-ZIP
NAME		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME
CITY-STATE-ZIP		6.3 STREET ADDRESS
TITLE	<input type="checkbox"/> DELETE	6.4 CITY-STATE-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 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE:

Robert M Price

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-96 3538221

Date

Day/night Phone #

CR2E034 (12/95)