FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 25 AM 7:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J45813** **(9)**

1. Corporation Name
RDCJ, INC.

Principal Place of Business	Mailing Address
2406 HARPER STREET JACKSONVILLE FL 32204-8790	2406 HARPER STREET JACKSONVILLE FL 32204-8790

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/08/1986**
3a. Date of Last Report: **03/02/1994**

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

4. FEI Number: **59-2741895** ☐ 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

SOUD, LINDA M
2406 HARPER ST.
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

81 Name: Mitchell D. Swanson
82 Street Address (P.O. Box Number is Not Acceptable): 2406 Harper St.
83
84 City: Jacksonville **FL** 85 Zip Code: 32204

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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: Mitchell D Swan — DATE: 4-20-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	JONES, RANDALL A.	1.2 NAME		
STREET ADDRESS	2107 HWY 441 SE	1.3 STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	RAY, J.G. JR.	2.2 NAME		
STREET ADDRESS	2406 HARPER STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP		
TITLE	CD	3.1 TITLE		☐ Change ☐ Addition
NAME	FRANCIS, JAMES D.	3.2 NAME		
STREET ADDRESS	2406 HARPER ST.	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	FALLS, NANCY F.	4.2 NAME		
STREET ADDRESS	2406 HARPER ST.	4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP		
TITLE	CFO	5.1 TITLE		☐ Change ☐ Addition
NAME	SWANSON, MITCHELL D.	5.2 NAME		
STREET ADDRESS	2406 HARPER ST.	5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 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 added in the attachment with an address.

SIGNATURE: Mitchell D Swan — 4-20-95 — 904-356-5515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014681 CP