

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 # J45813 (9)

1. Corporation Name  
RDCJ, INC.



Principal Place of Business

2406 HARPER STREET  
JACKSONVILLE FL 32204-8790

Mailing Address

2406 HARPER STREET  
JACKSONVILLE FL 32204-8790

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

12/08/1986

3a. Date of Last Report

04/25/1995

4. FEI Number

59-2741895

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

9. Name and Address of Current Registered Agent

MITCHELL D SWANSON  
2406 HARPER ST  
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

81 Name Nancy F. Falls  
82 Street Address (P.O. Box Number is Not Acceptable)  
2406 Harper Street  
83  
84 City Jacksonville FL 85 Zip Code 32204

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

*Nancy F. Falls*

Nancy F. Falls

April 9, 1996

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME JONES, RANDALL A.  
STREET ADDRESS 2107 HWY 441 SE  
CITY-ST-ZIP OKEECHOBEE FL

TITLE D ☐ DELETE  
NAME RAY, J.G. JR.  
STREET ADDRESS 2406 HARPER STREET  
CITY-ST-ZIP JACKSONVILLE FL

TITLE CD ☐ DELETE  
NAME FRANCIS, JAMES D.  
STREET ADDRESS 2406 HARPER ST.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE S ☐ DELETE  
NAME FALLS, NANCY F.  
STREET ADDRESS 2406 HARPER ST.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE CFO ☒ DELETE  
NAME SWANSON, MITCHELL D.  
STREET ADDRESS 2406 HARPER ST.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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, unchanged, or on an attachment with an address.

SIGNATURE:

*James D. Francis*

James D. Francis, CEO 4/9/96 (904) 356-5515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)