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Apr 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 32204-8780

Mailing Address  
2406 HARPER STREET  
JACKSONVILLE FL 32204-1716

3. Date Incorporated or Qualified 12/08/1986	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2741895	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 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent	
NANCY F. FALLS 2406 HARPER ST JACKSONVILLE FL 32204	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
85	86 Zip Code

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
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 Nancy F. Falls Nancy F. Falls, Sec. April 16, 1997  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	JONES, RANDALL A.
STREET ADDRESS	2107 HWY 441 SE
CITY-ST-ZIP	OKEECHOBEE FL
TITLE	D
NAME	RAY, J.G. JR.
STREET ADDRESS	2406 HARPER STREET
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	CD
NAME	FRANCIS, JAMES D.
STREET ADDRESS	2406 HARPER ST.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	S
NAME	FALLS, NANCY F.
STREET ADDRESS	2406 HARPER ST.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President
1.2 NAME	Peter R. Osterman, Jr.
1.3 STREET ADDRESS	2406 Harper Street
1.4 CITY-ST-ZIP	Jacksonville, FL 32204
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 on an attachment, with an address.

SIGNATURE Peter R. Osterman, Jr. Peter R. Osterman, Jr., Pres. (904) 356-5515

CR2E034 (9/96)