-, PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **J45813** 1. Corporation Name

RDCJ, INC.

Principal Place of Business

Mailing Address

2406 HARPER STREET

2406 HARPER STREET

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90081 021 ***150.00



JACKSONVILLE FL 32204-8790		JACKSONVILLE FL 32204-8790		DO NOT WRITE IN THIS SPACE						
					3. Date Incorporated or Qualifed 12/08/1986					
2.	Principal Place of Business	2a. Mailing Address			4, FEI Number		Applied For			
21	7014 A C SKINNER PARKWAY	7014 A C SKINNE	R I	PARKWAY	59-2741895		Not Applicable			
22	Suite, Apt. #, etc. SUITE 290	Suite, Apt. #, etc. SUITE 290			5. Certifcate of Status Desired	• -	.75 Additional ee Required			
23	City & State JACKSONVILLE FL	City & State JACKSONVILLE FL			6. Election Campaign Financing Trust Fund Contribution	•	5.00 May Be dded to Fees			
24	Zip Country 32256 25 USA		intry US1		This corporation owes the current year Personal Property Tax.	Intangible XYe				
 	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent						
	NANCY F. FALLS		81		DDRESS CHANGE ONLY					
	2406 HARPER ST		82	Street Addres	ss (P.O. Box Number is Not Acceptable) 14 A C SKINNER PARKWAY					
	JACKSONVILLE FL 32204		83	SU	ITE 290					
			84	- JII	CKSONVILLE F		^{Zip} 32256			
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. am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	Signature, typed or printed name of registered agent an	title if andicable (NOTE Re	gistered Agent signature re	required when reinstating) DATE	1			
12.	OFFICERS AND I		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	Р	(X) DELETE	1.1 TITLÉ	P Change 🔀 Additi	ion			
NAME	OSTERMAN JR. PETER R		1.2 NAME	EDGE, AUBREY L	ļ			
STREET ADDRESS	2406 HARPER ST		1.3 STREET ADDRESS		- 1			
CITY-ST-ZIP	JACKSONVILLE FL	_	1.4 CITY-ST-ZIP	JACKSONVILLE FL 32256	_			
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Additi	ION			
NAME	RAY, J.G. JR.		2.2 NAME	,	- }			
STREET ADDRESS	2406 HARPER STREET		2.3 STREET ADDRESS	1 1 1 1 1	J			
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CITY-ST-ZIP	JACKSONVILLE FL 32256	_			
ΠΤLE	CD	☐ DELETE	3.1 TITLE	. Change Additi	on			
NAME	FRANCIS, JAMES D.		3.2 NAME					
STREET ADDRESS	2406 HARPER ST.		3.3 STREET ADDRESS		ļ			
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY-ST-ZIP	JACKSONVILLE FL 32256				
TITLE	S	☐ DELETE	4,1 TITLE	☐ Change ☐ Additi	ion			
NAME	FALLS, NANCY F.		4. 2 NAME	TOLL OF SECTIONS DEPOSITE OF THE COO				
STREET ADDRESS	2406 HARPER ST.		4.3 STREET ADDRESS		' [
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	JACKSONVILLE FL 32256				
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Additi	ion			
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS	,				
CITY-ST-ZIP			5.4 CITY-ST-ZIP		_			
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Additi	100)			
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS		1			
			64 CITY+ST-ZIP					

14. I 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 of 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 by the receiver or trustae-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 orion an attachment with an address, with all other like empowered.

04/27/99

904/596-3200

Daytime Phone #