## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J55359

(0)

R & D PROPERTIES, INC.

FILED
Feb 11 1997 8:00am
Secretary of State

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Principa! Place of Business  1857 WELLS ROAD SUITE 205 ORANGE PARK FL 32073 US		Mailing Address 2151 S LANE AVE STE 303 JACKSONVILLE FL 32210-2784 US		1 1054440 0161 01100 11401 01140 1011 01844 31611 01811 01811 01811 11845 (081		
				3. Date Incorporated or Qualified 3a. Date of Last Report 01/29/1987 04/24/1996		
2. Principal Po	ace of Business	2a. Mailing Address		4. FEI Number	V4/24/1880   Applied For	
21		26		59-2767342	Not Applicable	
Suite, Apt 1	Blanding Blvd.	Suite, Apt. #, etc.	ding Blvd.		\$8.75 Additional Fee Required	
City & State	ax., Fl.	City & State Jax., F1.	} .	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 3	2 2 1 0 Country DUVAL		Country  DUVAL		Yes No	
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New R	egistered Agent	
1857 STE	LIS, RONALD L. ' WELLS ROAD SUTIE 205 303 NGE PARK FL 32073			idress (P.O. Box Number is Not Accepta BLANDING BLVD.	ible)	
				sonville,	FL 85 Zip Code 32210	
11. Pursuant t	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes	s, the above-named co	proporation submits this statement for the	purpose of changing its registered	
agent Lar	n familiat with a id accept the oblig	ntions of Section 607.0505, Flor	rida Statutes	ration's board of directors. I hereby acce	spe the appointment as registered	
Signature .	KUNALOG J. YII		d L. Mulli	is-President		
		ent and title if applicable (NOTE:	d L. Mulli Registered Agent signature red	quired when reinstating)	DATE	
······································	OFFICERS AN	ent and tire if applicable (NOTE: ID DIRECTORS	d L. Mulli Registered Agent signature rec		DATE	
<b>12.</b> 111LE	OFFICERS AN	ent and title if applicable (NOTE:	d I. Mulli Registered Agent signature red 13.	quired when reinstating)	DATE ICERS AND DIRECTORS IN 12  A.A. Change	
12. TIILE NAME	PD MULLIS, RONALD L.	on and the it applicable (NOTE: D DIRECTORS DELETE	d L. Mulli Registered Agent signature red 13. 1.1 TITLE 1.2 NAME	quired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE ICERS AND DIRECTORS IN 12  A.A. Change	
12. TILLE NAME STREET ADDRESS	PD MULLIS, RONALD L. 1857 WELLS ROAD SUITE 20	on and the it applicable (NOTE: D DIRECTORS DELETE	d L. Mulli Registered Agent signature rec  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS	quired when reinstating)  ADDITIONS/CHANGES TO OFFI  1567 Blanding Blu	DATE ICERS AND DIRECTORS IN 12  A. Change	
112. THLE NAME STREET ADDRESS CITY-ST-74P	PD MULLIS, RONALD L. 1857 WELLS ROAD SUITE 20: ORANGE PARK FL	on and the it applicable (NOTE:  ID DIRECTORS  DELETE	d L. Mulli Rogistered Agent signature rec  13.  1.1 TillE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	quired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE ICERS AND DIRECTORS IN 12  A Change Addition  Vd.  Drida 32210	
112.  THE NAME STREET ADDRESS CITY-ST-7/P THE	PD MULLIS, RONALD L. 1857 WELLS ROAD SUITE 200 ORANGE PARK FL DS	on and the it applicable (NOTE: D DIRECTORS DELETE	d L. Mulli Registered Agent signature rec  13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	quired when reinstating)  ADDITIONS/CHANGES TO OFFI  1567 Blanding Blu	DATE ICERS AND DIRECTORS IN 12  A. Change	
112.  THE  NAME  STREET ADDRESS  CHY-SI-ZIP  THE  NAME	PD MULLIS, RONALD L. 1857 WELLS ROAD SUITE 200 ORANGE PARK FL DS TODD, BRENDA M.	on and the it applicable (NOTE:  ID DIRECTORS  DELETE	d L. Mulli Registered Agent signature rec  13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	quired when reinstating)  ADDITIONS/CHANGES TO OFFI  1567 Blanding Blu	DATE ICERS AND DIRECTORS IN 12  ALL Change Addition  Vd.  Drida 32210	
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In the hereby carrily that the information supplies with his hing does not quantified by the properties 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 is agreed, or on an attachment with an address.

SIGNATURE:

UNE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-97

904-389-2020