
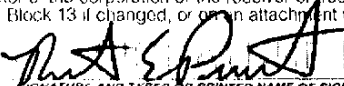


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 08 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 # J68437 (9)			
1. Corporation Name RPC DEVELOPMENT CORPORATION			
Principal Place of Business 1809 PONDEROSA PINE DR. E SUITE 240 JACKSONVILLE FL 32216 US		Mailing Address PO BX 330775 SUITE 240 ATLANTIC BCH FL 32233-0775 US	
2. Principal Place of Business 21 248 Levy Road Suite, Apt. #, etc.		2a. Mailing Address 26 PO Box 330775 Suite, Apt. #, etc.	
22 City & State 23 Atlantic Beach, FL		27 City & State 28 Atlantic Bch, FL	
24 32233 25 US		29 32233 30 US	
9. Name and Address of Current Registered Agent WILSON, CHARLES J 4417 BEACH BLVD., SUITE 200 SUITE 200 JACKSONVILLE FL 32207			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 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	DPT	<input type="checkbox"/> DELETE	
NAME	PERRETT, ROBERT E.		
STREET ADDRESS	1803 PONDEROSA PINE DR E		
CITY- ST- ZIP	JACKSONVILLE FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	RODRIGUES, PETER J.		
STREET ADDRESS	1735 DEBUTANTE DRIVE		
CITY- ST- ZIP	JACKSONVILLE FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY- ST- ZIP			
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	D		
2.3 STREET ADDRESS	Rodrigues, Peter J.		
2.4 CITY- ST- ZIP	349 11th St. Atlantic Bch, FL 32233		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY- ST- ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY- ST- ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY- ST- ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:  Robert E. Perrett 3 Mar 97 (904) 241-4416			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			



CR2E034 (9/96)