

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

05 MAY -1 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J96725

(3)

1. Corporation Name

RJ CREDIT PARTNERS, INC.

Principal Place of Business

880 CARILLON PARKWAY
P.O. BOX 12749
ST. PETERSBURG FL 33733-2749

Mailing Address

880 CARILLON PARKWAY
P.O. BOX 12749
ST. PETERSBURG FL 33733-2749

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/12/1987

3a. Date of Last Report

04/25/1994

4. FEI Number

59-2869297

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 100.032,
Florida Statutes ☐ Yes ☒ No

FILED BY PARENT CO.

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JULIEN, JEFFREY P.
880 CARILLON PARKWAY
ST. PETERSBURG FL 33716

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME DINER, RONALD M.
STREET ADDRESS 880 CARILLON PKWY.
CITY - ST - ZIP ST. PETERSBURG FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE VD
NAME TANENBAUM, BERNARD J. III
STREET ADDRESS 880 CARILLON PKWY
CITY - ST - ZIP ST. PETERSBURG FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME MOSBY, J. DAVENPORT
2.3 STREET ADDRESS 880 CARILLON PARKWAY
2.4 CITY - ST - ZIP ST. PETERSBURG, FL.

TITLE VD
NAME WEINER, ALAN L.
STREET ADDRESS 880 CARILLON PKWY.
CITY - ST - ZIP ST. PETERSBURG FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ST
NAME LOTZ, BARBARA
STREET ADDRESS 880 CARILLON PKWY.
CITY - ST - ZIP ST. PETERSBURG FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE V
NAME BARNES, TERESA L.
STREET ADDRESS 880 CARILLON PKWY.
CITY - ST - ZIP ST. PETERSBURG FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement to 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, whichever or on an attachment to this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA LOTZ

4/26/95

813-573-3800