

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortimer

Secretary of State

DIVISION OF CORPORATIONS

1996 3-18-96

B-2363

C

DOCUMENT #

K05662

(7)

1. Corporation Name

RJ & PD, INC.



Principal Place of Business

5324 E. COLONIAL DR.
ORLANDO FL 32807
US

Mailing Address

181 CORTLAND AVENUE
WINTER PARK FL 32789

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

5324 E Colonial Dr

State, Apt. #, etc.

22

City & State

27

Orlando

City & State

23

Zip

Country

28

32807

Zip

Country

24

25

9. Name and Address of Current Registered Agent

29

30

KLINE, JAMES W.
180 W. KNOWLES AVENUE
WINTER PARK FL 32790

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 607.07(2) and 607.11(2), 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.07(2) and 607.11(2), Florida Statutes.

SIGNATURE

Address of Registered Agent (Not for Filing)

Date

12. OFFICERS AND DIRECTORS

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE	P	1. TITLE	☐ Change ☐ Addition
2. NAME	JOHNSON, RONALD M.	2. NAME	
3. STREET ADDRESS	181 CORTLAND AVENUE	3. STREET ADDRESS	
4. CITY, ST, ZIP	WINTER PARK FL	4. CITY, ST, ZIP	☐ Change ☐ Addition
5. TITLE	S	5. TITLE	
6. NAME	JOHNSON, BARBARA A.	6. NAME	
7. STREET ADDRESS	181 CORTLAND AVENUE	7. STREET ADDRESS	
8. CITY, ST, ZIP	WINTER PARK FL	8. CITY, ST, ZIP	☐ Change ☐ Addition
9. TITLE	T	9. TITLE	
10. NAME	JOHNSON, BARBARA, A	10. NAME	
11. STREET ADDRESS	181 CORTLAND AVE	11. STREET ADDRESS	
12. CITY, ST, ZIP	WINTER PARK FL	12. CITY, ST, ZIP	☐ Change ☐ Addition
13. TITLE		13. TITLE	
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY, ST, ZIP		16. CITY, ST, ZIP	☐ Change ☐ Addition
17. TITLE		17. TITLE	
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY, ST, ZIP		20. CITY, ST, ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this form is true and correct, and does not qualify for the exemption state in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this form is true and correct, and does not qualify for the exemption state in Section 119.07(3)(k), Florida Statutes. I further certify that I am an officer or director of the corporation or partner or owner of the corporation, and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or partner or owner of the corporation, and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or partner or owner of the corporation, and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or partner or owner of the corporation, and that my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald M. Johnson

3/24/96 382-5900

CR2E034 (12/95)