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Feb 04 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 # L37100 (9)

1. Corporation Name  
R.S.J. ENTERPRISE, INC.

Principal Place of Business  
C/O RICHARD STRATTON JUSTICE, JR.  
143 GARDENIA ST.  
TAVERNIER FL 33070

Mailing Address  
C/O RICHARD STRATTON JUSTICE, JR.  
143 GARDENIA ST.  
TAVERNIER FL 33070-2209



2. Principal Place of Business  
21 90330 OVERSEAS HIGHWAY  
Suite, Apt. #, etc.  
22 City & State  
23 TAVERNIER, FL  
Zip Country  
24 33070 25 USA  
2a. Mailing Address  
26 90330 OVERSEAS HIGHWAY  
Suite, Apt. #, etc.  
27 City & State  
28 TAVERNIER, FL  
Zip Country  
29 33070 30 USA

3. Date Incorporated or Qualified  
12/15/1989  
3a. Date of Last Report  
10/07/1996  
4. FEI Number  
65-0188102  
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. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

STRATTON, JR, RICHARD JUSTICE  
143 GARDENIA ST.  
TAVERNIER FL 33070

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JUSTICE, RICHARD S JR.			1.2 NAME			
STREET ADDRESS	143 GARDENIA ST.			1.3 STREET ADDRESS			
CITY-ST-ZIP	TAVERNIER FL			1.4 CITY-ST-ZIP			
TITLE	VS	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JUSTICE, JUDITH H			2.2 NAME			
STREET ADDRESS	143 GARDENIA STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	TAVERNIER FL			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: Richard S. Justice Jr 1/28/97 305852 2724  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)