

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

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90012 041 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M89129

1. Corporation Name
RDJ OF CENTRAL FLORIDA, INC.

Principal Place of Business
**2385 WEST OLD US 441
MOUNT DORA FL 32757**

Mailing Address
**2385 WEST OLD US 441
MOUNT DORA FL 32757**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/12/1988

4. FEI Number
59-2807539

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 102 N. St. Clair Abrams

2a. Mailing Address
26 102 N. St. Clair Abrams

Suite, Apt. #, etc.
22 Suite A

Suite, Apt. #, etc.
27 Suite A

City & State
23 Tavares FL

City & State
28 Tavares FL

Zip
24 32778

Zip
29 32778

Country
25 Lake

Country
30 Lake

9. Name and Address of Current Registered Agent

**LACKEY, ROBERT F.
2385 WEST OLD US 441
MOUNT DORA FL 32757**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
102 N. St. Clair Abrams Ave. Ste A
83 **Tavares FL 32778**
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
LACKEY, ROBERT F
2385 W OLD US 441
MT DORA FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
LACKEY, DANIEL E
2385 WEST OLD US 441
MT DORA FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
LACKEY, NANCY C
2385 W OLD US HWY 441
MT DORA FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
**102 N. St. Clair Abrams Ave. Ste A
Tavares FL 32778**

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
**102 N. St. Clair Abrams Ave. Ste A
Tavares FL 32778**

☒ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 APR 1999

352-383-2158

Date

Daytime Phone #

CR2E034 (1/198)