

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000076762

Entity Name: R.J. TRIPP, INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

3529 OWEN AVE
JACKSONVILLE, FL 32208

New Principal Place of Business:

2055 EDGEWOOD AVE W
JACKSONVILLE, FL 32209

Current Mailing Address:

3529 OWEN AVE
JACKSONVILLE, FL 32208

New Mailing Address:

3865 MONCRIEF RD W
JACKSONVILLE, FL 32209

FEI Number: 31-1724436

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIPP, ROBERT L PRES
3529 OWEN AVE
JACKSONVILLE, FL 32208 US

Name and Address of New Registered Agent:

TRIPP, ROBERT L PRES
3865 MONCRIEF RD W
JACKSONVILLE, FL 32209 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ROBERT TRIPP

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TRIPP, ROBERT L
Address: 3529 OWEN AVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: VP () Delete
Name: TRIPP, JUDI L
Address: 3529 OWEN AVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TRIPP, JUDI L
Address: 3865 MONCRIEF RD W
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: VP (X) Change () Addition
Name: TRIPP, ROBERT L
Address: 3865 MONCRIEF RD W
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: D () Change (X) Addition
Name: TRIPP, ROBERT J
Address: 3865 MONCRIEF RD W
City-St-Zip: JACKSONVILLE, FL 32209 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDI TRIPP

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date