

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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P18958 (9)
 1. Corporation Name
RDC PROJECTS, INC.



Principal Place of Business 500 WATER ST. SUITE J160 JACKSONVILLE FL 32202	Mailing Address 500 WATER ST. SUITE J160 JACKSONVILLE FL 32202-4422
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/22/1988	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 58-1796101	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> See Note below:

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	10. Name and Address of New Registered Agent 81. NOTE: This company is included in a consolidated intangible personal property tax return filed on behalf of CSX Corporation and consolidated affiliates, FEIN 62-1051971 82. Street Address (P.O. Box Number is Not Acceptable) 83. FL 84. Zip Code
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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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD BECK, S D	1.2 NAME	
STREET ADDRESS	6737 SOUTHPOINT DR., SOUTH JACKSONVILLE FL 32216	1.3 STREET ADDRESS	See attached list.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VS AFTOORA, P J	2.2 NAME	
STREET ADDRESS	500 WATER ST. JACKSONVILLE FL 32202	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V CROSBY, S A	3.2 NAME	
STREET ADDRESS	ONE JAMES CENTER RICHMOND VA 23219	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	V HOOD, R M	4.2 NAME	
STREET ADDRESS	6737 SOUTHPOINT DR., SOUTH JACKSONVILLE FL 32216	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	T AFTOORA, A B	5.2 NAME	
STREET ADDRESS	500 WATER ST. JACKSONVILLE FL 32202	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	AS DOLAN, J A	6.2 NAME	
STREET ADDRESS	500 WATER ST. JACKSONVILLE FL 32202	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: *Patricia J. Aftoora* April 15, 1997 (904) 366-4242
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Patricia J. Aftoora, Vice-President 0029180

CR2E034 (9/96)

RDC PROJECTS, INC.

Directors

<u>Name</u>	<u>Address</u>
S. D. Beck	301 West Bay Street Jacksonville, FL 32216
G. L. Nichols	500 Water Street Jacksonville, FL 32202
M. J. Ward	500 Water Street Jacksonville, FL 32202

Officers

<u>Name</u>	<u>Title</u>	<u>Address</u>
G. L. Nichols	President	500 Water Street Jacksonville, FL 32202
M. J. Ward	Executive Vice-President	500 Water Street Jacksonville, FL 32202
P. M. Giftos	Senior Vice-President	500 Water Street Jacksonville, FL 32202
P. J. Aftoora	Vice-President and Corporate Secretary	500 Water Street Jacksonville, FL 32202
C. J. O. Wodehouse	Vice-President and Controller	500 Water Street Jacksonville, FL 32202
M. Lazenby	Assistant Vice-President and Treasurer	500 Water Street Jacksonville, FL 32202

Office of Vice-President
and Corporate Secretary
Jacksonville, FL
April 1, 1997