

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -9 PM 12:16

DOCUMENT # P30171

(3)

1. Corporation Name

R.J. MCCOY, INC.

Principal Place of Business

3207 WHEATLEY ROAD
TALLAHASSEE FL 32310

Mailing Address

3207 WHEATLEY ROAD
TALLAHASSEE FL 32310

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
07/10/1990

3a. Date of Last Report
05/01/1994

2. Principal Place of Business

21 8000 Baymeadows Cir. E.

2a. Mailing Address

26 8000 Baymeadows Cir. E.

Suite, Apt. #, etc.

22 11

Suite, Apt. #, etc.

27 11

City & State

23 Jacksonville, FL

City & State

28 Jacksonville, FL

Zip

24 32256

Country

25 USA

Zip

29 32256

Country

30 USA

4. FEI Number

36-3648380

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$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

MCCOY, RONALD
3207 WHEATLEY ROAD
TALLAHASSEE FL 32310

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 8000 Baymeadows Cir. E 11

84 City

Jacksonville

FL

85 Zip Code
32256

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

Ronald J. McCoy

(NOTE: Registered Agent Signature required when reinstating)

8/5/95

DATE

Signature typed or printed name of registered agent and fee if applicable

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCCOY, RONALD
STREET ADDRESS	3207 WHEATLEY ROAD
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	VS
NAME	MCCOY, DELORES
STREET ADDRESS	3207 WHEATLEY ROAD
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Ronald J. McCoy

8/5/95

904-636-1627

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Include Phone #)

CR2E034 (3/95)