## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



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

1996 **DOCUMENT #** 

P92000003397 (6)

RJR RESOURCES, INC.

Principal Place of Business Mailing Address  4751 GULF SHORE BLVD. N., #1508  NAPLES FL 33940  NAPLES FL 33940										
NAPLES FL	33940	NAPLES FL 3394(	1			3. Date Incorporated or Qualified 11/10/1992	3a. Dat	e of Las 4/10/1		
n	lace of Business	2a. Mailing Address				4. FEI Number	1	1, 10, 1	Applied For	
Suite, Apt.	# etc	26	<del>-</del>			65-0367633			Not Applicable	
22 27			Suite, Apt. #, etc. Sity & State			Fee Re  6. Election Campaign Financing \$5.00			<b>8.75</b> Additional Fee Required	
City & Stati	.00 May Be									
Zip	Country	<b>28</b> Zip	Gount			Trust Fund Contribution			ded to Fees	
24	25	29	30	Ιy		8. This corporation has liability for in		ax under	s 199.032,	
	9. Name and Address of Curr		1301			10. Name and Address of New R		Acont		
			8	1	Name		-8.0.0100	goin	<del></del>	
RIELAN(	), JOANNE B		ļ							
4751 GULF SHORE BLVD. N., #1508				2 Street Addr		lress (P.O. Box Number is Not Acceptab	le)			
NAPLES	FL 33940		8	3						
				1						
			8-	4	City		E	85	Zip Code	
	ed agent, or both, in the State of Filth, and accept the obligations of, Se	ection 607.0505, Florida Sta		ро	ranon's Doa	ration submits this statement for the pur ird of directors. I hereby accept the appo	ointment as	anging st register	s registered officed agent. I am	
12.		ND DIRECTORS	13.	p er ir e	Sellente actions	ADDITIONS/CHANGES TO OFFI	DATE CEDE AND	DIDLO	TODE IN 10	
11111	D	[] DELETE	1 1 1111	 E	J	ALL MONTH OF THE CONTROL OF THE CONT		Chang		
NAME	RIELAND, ROBERT J		1.2 NAME				•			
STREET ADDRESS	4751 GULF SHORE BLVD.	N., #1508	1.3 STREE	ET A	DUHESS					
C:TY-\$1-7iP	NAPLES FL 33940		14 001							
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NAME	RIELAND, LINDA A		2.2 NAME							
STREET ADDRESS	4751 GULF SHORE BLVD.	N., #1508	2.3 STREE	ET AI	DDRESS					
CITY-S1-ZIP	NAPLES FL 33940		240114		i					
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NAME			4.2 NAME				_			
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STREET ADDRESS			5.3 STREE	T AE	DORESS					
BITY-ST-ZIP			5.4 CITY	ST	ZIP					
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NAME			6.2 NAME				_	·	_	
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CITY-ST-ZIP			6.4 C(TY-)	ST-2	7iP					

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 Robert J Rieland 1/29/96 941-263-2477

SIGNATURE: