

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 27 1996 8:00 am
Secretary of State

DOCUMENT # P92000013606 (8)

1. Corporation Name

R.J.2, INC.

Principal Place of Business

230 SHELL HARBOR ROAD
WELAKA FL 32193
US

Mailing Address

P. O. BOX 1109
WELAKA FL 32193

2. Principal Place of Business

21 State, Apt., etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 State, Apt., etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

KOHUTH, R T
230 SHELL HARBOR RD.
WELAKA FL 32193

3. Date Incorporated or Qualified

12/22/1992

3a. Date of Last Report

03/21/1995

4. FEI Number

59-3231178

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 has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.06(2) and 607.15(6), 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 607.06(2), Florida Statutes.

SIGNATURE

Full name of Agent, as shown on the record

Date

12. OFFICERS AND DIRECTORS

1 NAME
PVST
KOHUTH, R T
230 SHELL HARBOR ROAD
WELAKA FL 32193

☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 NAME

☐ Change ☐ Addition

2 NAME

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-02/28/96 - 01009 - 001
***200.00

2.27

SIGNATURE:

R.T. Kohuth

R.T. Kohuth

2/17/96

904-467-2330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone