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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P92000013606 (8)

R.J.2, INC.

**FILED** Apr 15 1998 8:00am Secretary of State



Principal Plac		Mailing Address			
WELAKO PC	IABBOR ROAD	R O. BOX 1109 WELAKA FL 32193			
05				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Quali	fied
<u></u>			·	12/22/1992	
<u> </u>	Place of Business	2a. Mailing Address	ie Dr.	4, FEI Number	Applied For
Suite, Apt.	# ato	26 123 Els	ild bi.	59-3231178	Not Applicable
22 Suite, Apr.	#, etc.	Suite, Apt. # Ptc.	+Ka FI.	<ol><li>Certificate of Status Desired</li></ol>	d \$8.75 Additional Fee Required
City & Stat	te	City & State	- 4101	6. Election Campaign Financia	······
23		28	32131	Trust Fund Contribution	Added to Fees
Zip	Country	<b>Z</b> ip	30 Putuan	8. This corporation owes or ha	as paid the current year Intangible
24	25		30 PUT 11211	Personal Property Tax due	
	g. Name and Address of Curren	t Registered Agent		10. Name and Address of Ne	w Registered Agent
konoin, n i				K.T. Koh	<i>s</i> t4
230 SHELL HARBOR RD.				Address (P.O. Box Number is Not Acceptable)	
WELAKA FL 32193				13 FISIC NT:	
1 1	•.			E. Palat	
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0503	2 and 607.1508, Florida Statute	es, the above-named cor	poration submits this statement for	the purpose of changing its registered
office or e	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was a itions of Section 607.0505, Flo	uthorized by the corpora rida \$tatutés.	ation's board of directors. I hereby a	the purpose of changing its registered accept the appointment as registered
SIGNATURE	•	- T. I. K	OKNIN		2/209 g
	Signature, typed or printed name of registered age		Registered Agent signature requ		DATE
12.	OFFICERS AND	DELETE	13. 11 TITLE		OFFICERS AND DIRECTORS IN 12 Change
NAME	KOHUTH, R T		1.2 NAME	123 Floie E. Polotko,	Dr.
STREET ADDRESS	230 SHELL HARBOR ROAD-		1.3 STREET ADDRESS	E 0.1 174	El 23131
CITY-ST-ZIP	WELAKA FL 32183		1.4 CITY-ST-ZIP	E. Lotoron'	57. 00-LVI
TITLE		DELETE	21 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3 1 TITLE		Change Addition
			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		į
CITY-ST-ZIP TITLE		DELETE	3.4. City-St-ZiP 4.1 Title		Change Addition
NAME		and occurs	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		i
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
THILE		DELETE	5.1 TITLE	"	Change Addition
NAME			5.2 NAME		1
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP	<u></u>	
TITLE		L_] DELETE	6.1 TITLE		Change   Addition
NAME			6.2 NAME		·
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	i		6.4 CITY - ST - ZIP		

Interept certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatio 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.