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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9300004969 (0)

RTJD. INC.

Principal Place of Business Mailing Address 140 N HARBOR CITY BLVD 885 ONYX RD NE MELBOURNE FL 32935 PALM BAY FL 32905-5937 3. Date Incorporated or Qualified 3a. Date of Last Report 01/15/1993 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3172524 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees $Z_{(i)}$ Country Country Ζıp 8. This corporation has liability for intangible tax under s. 199.032, 24 25 30 Florida Statutes X Yes 🔲 No 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Smith, R. T 895 ONYX RD NE 82 Street Address (P.O. Box Number is Not Acceptable) PALM BAY FL 32905 83 City Zip Code 85 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 exproprations board of directors. I hereby accept the appointment as registered agent. Lam lamillar with, and accept the obligations of, Section 607.0505, Florida Statutes. Smith proted name of registated agont and title if applicable 4-9-97 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6) HILE DELETE 1.1 TITLE ☐ Change Addition SMITH, R. T NAME 1.2 NAME 895 ONYX DR. NE STREET ADDRESS 1.3 STREET ADDRESS PALM BAY FL 32905 CHY-ST ZiP 1.4 CITY-ST-ZIP DELETE PTSC Change Addition THILE 2.1 TITLE SMITH, JEANNE A 22 NAME 895 ONYX RD NE STREET ADDRESS 2 3 STREET ADDRESS PALM BAY FL 011Y-ST-77 2. 4 CiTY-ST-ZIP DELETE THILE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY -ST-Z-3.4. CITY - ST- ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET AGDRESS 4.3 STREET ADDRESS OffY-\$1-262 4.4 CiTY-ST-ZIP DELETE Tille 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP City-St-7-HILLE ■ DELETE 61 TITLE Change Addition NAME 6.2 NAME

SIGNATURE:

appears in Block 12 or Block 13 if

STREET ADDRESS

City-St-7a

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

6.3 STREET ADDRESS 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

x4-9-97 x 255-36 00

FILED

Apr 14 1997 8:00am

Secretary of State