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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000020620 1. Corporation Name

RJG, INC.

Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90064 019 ***150.00



	•						
Principal Place of Business Mailing Address						f Athrid trate autrin utries	1 11811 8811 1891
12889 BIGGIN CHURCH RD S 12889 BIGGIN CHURCH ROAI JACKSONVILLE FL 32224 JACKSONVILLE FL 32224 US US) SOUTH		DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualifed 03/18/1993		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Ar	plied For
21	. 26				59-3171880		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certifcate of Status Desired		\$8.75 / Fee Re	
City & State	y & State City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	
Žip	Country	Zip Cou		у	This corporation owes the current year Intangible		
24	25 29 30				Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current	Registered Agent	81		10. Name and Address of New Regist	ered Agent	
				Name			
AHERN, FRED L JR 2215 SOUTH THIRD STREET SUITE 101 JACKSONVILLE BEACH FL 32250			82	Street Address (P.O. Box Number is Not Acceptable)			
			83				
JACI	NOCITYILLE BEACH I'L SEESS		84	City		FL 85 Zip	Code
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 Superture Novel or printed name of renistered epent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
	Signature, typed or printed name of registered agent			ent signature required	ADDITIONS/CHANGES TO OFFICE		DRS IN 12
12.	OFFICERS AND	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICE	☐ Change	Addition
TITLE	D GRIME, ROGER J			1			_
NAME	40000 DICCIN CHURCH BD C		1.2 NAME	ET ADDRESS			\ \
STREET ADDRESS	LLOWOOD BULLE CL		1.4 CITY-5				ļ
CITY-ST-ZIP			2.1 TITLE	31-ZIP		Change	☐ Addition
\			2.2 NAME				ţ
NAME	12889 BIGGIN CHURCH RD S			ET ADDRESS			
STREET ADDRESS	JACKSONVILLE FL		2, 4 CITY-				
CITY-ST-ZIP	OAONOOTTIELL I'E	☐ DELETE	3.1 TITLE	31-27		☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS	:		3.3 STREE	ET ADDRESS			
CITY-ST-ZIP			3.4. CITY-				
TILE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME	⋾			ł
STREET ADDRESS			4.3 STREE	ET ADDRESS			1
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE	-	☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				1
STREET ADDRESS			5.3 STREE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-			·	
TITLE	,	☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME	:			†
STREET ADDRESS	}		6.3 STREE	ET ADDRESS			}
			SACITY.	CT. 71D			

14. I 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 appears in Block 12 or Block 13 if changes, or on an attachment with an address, with all other like empowered.

SIGNATURE: