

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED

96 DEC 23 PM 1:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 96

DOCUMENT # P93000035692 (1)

1. Corporation Name

RJL OF ST. AUGUSTINE, INC.

Principal Place of Business

Mailing Address

442 OCEAN VISTA AVE  
ST AUGUSTINE FL 32084

442 OCEAN VISTA AVE  
ST AUGUSTINE FL 32084

2. Principal Place of Business

2a. Mailing Address

21

26

4100 Tall Trees Lane

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State

27 City & State

23

28

ST Augustine FL

Zip

Country

29

Zip

Country

24

25

29

32084

30

ST. Johns

9. Name and Address of Current Registered Agent

PELLICER, CHARLES E  
28 CORDOVA ST  
ST AUGUSTINE FL 32084

3. Date Incorporated or Qualified

05/14/1993

3a. Date of Last Report

02/28/1995

4. FEI Number

59-3186035

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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 Applicable)

83

84 City

200002039162--7

12/27/96 01848-011

\*\*\*375.00 \*\*\*375.00

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12/4/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME ARNOLD, JEFF  
STREET ADDRESS 65 LEMON ST  
CITY - ST - ZIP ST AUGUSTINE FL 32084

☒ DELETE

TITLE SD  
NAME ARNOLD, JENNIFER  
STREET ADDRESS 65 LEMON ST  
CITY - ST - ZIP ST AUGUSTINE FL 32084

☒ DELETE

TITLE VD  
NAME HOFF, LISA  
STREET ADDRESS 4100 TALL TREES LN  
CITY - ST - ZIP ST AUGUSTINE FL 32088

☐ DELETE

TITLE TD  
NAME HOFF, RANDY  
STREET ADDRESS 4100 TALL TREES LN  
CITY - ST - ZIP ST AUGUSTINE FL 32088

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

☐ Change ☐ Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

☐ Change ☐ Addition

31 TITLE PD / TD  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

☒ Change ☒ Addition

41 TITLE VD / SD  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

☒ Change ☒ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

☐ Change ☐ Addition

CR2E034 (3/96)

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lisa Hoff LIMITED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/96 904 824-4002

Date Daytime Phone