

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000044578 (1)

1. Corporation Name

ROCK CREEK PARTNERS MANAGEMENT, INC.



Principal Place of Business

Mailing Address

1200 RIVER PLACE BLVD
902
JACKSONVILLE FL 32207
US

1200 RIVER PLACE BLVD
902
JACKSONVILLE FL 32207
US

2. Principal Place of Business

21 1200 RIVERPLACE BLVD

Suite, Apt. #, etc.

22 SUITE 902

City & State

23 JACKSONVILLE FL

Zip

24 32207

Country

25 US

2a. Mailing Address

26 1200 RIVERPLACE BLVD

Suite, Apt. #, etc.

27 SUITE 902

City & State

28 JACKSONVILLE FL

Zip

29 32207

Country

30 US

3. Date Incorporated or Qualified

06/23/1993

3a. Date of Last Report

04/10/1995

4. FEI Number

59-3187966

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

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

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 607.0502 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 date if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
DAHL, JAMES H
1200 GULF LIFE DR., SUITE 902
JACKSONVILLE FL 32207

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VD
CAHOON, ARTHUR L
1200 GULF LIFE DR., SUITE 902
JACKSONVILLE FL 32207

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VD
DAHL, WILLIAM L
1200 GULF LIFE DR., SUITE 902
JACKSONVILLE FL 32207

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change

☐ Addition

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☐ Addition

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

SIGNATURE:

W. L. Dahl William L. Dahl

4/30/96

704 3939010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)