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May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000072854 (1)

1. Corporation Name
RRC LENDER, INC.



Principal Place of Business

200 LAURA STREET
JACKSONVILLE FL 32202

Mailing Address

200 LAURA STREET
JACKSONVILLE FL 32202-3500

3. Date Incorporated or Qualified

10/19/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3207788

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

2. Principal Place of Business

2a. Mailing Address

21 181 W. Forsyth St.

26

Suite Apt. #, etc.

Suite Apt. #, etc.

22 Suite 200

27

City & State

City & State

23 Jacksonville, FL

28

Zip

Country

Zip

Country

24 32202

25

USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

F&L CORP.
200 LAURA STREET
JACKSONVILLE FL 32202

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 title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME STEIN, MARTIN E JR
STREET ADDRESS 121 W. FORSYTH ST. STE. 200
CITY-ST-ZIP JACKSONVILLE FL 32202

1.1 TITLE ☐ Change ☐ Addition

TITLE V ☐ DELETE

NAME JOHNSONSON, BRUCE M
STREET ADDRESS 121 W. FORSYTH ST. STE. 200
CITY-ST-ZIP JACKSONVILLE FL 32202

2.1 TITLE ☐ Change ☐ Addition

TITLE VS ☐ DELETE

NAME MILLER, ROBERT L JR
STREET ADDRESS 121 W. FORSYTH ST. STE. 200
CITY-ST-ZIP JACKSONVILLE FL 32202

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VT ☐ DELETE

NAME LEAVITT, CHRISTIAN J
STREET ADDRESS 121 W. FORSYTH ST. STE. 200
CITY-ST-ZIP JACKSONVILLE FL 32202

3.1 TITLE ☐ Change ☐ Addition

TITLE C ☐ DELETE

NAME STEIN, JOAN W
STREET ADDRESS 121 W. FORSYTH ST. STE. 200
CITY-ST-ZIP JACKSONVILLE FL 32202

4.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME STEIN, ROBERT L
STREET ADDRESS 121 W. FORSYTH ST. STE. 200
CITY-ST-ZIP JACKSONVILLE FL 32202

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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***2475.00

4/5/97

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 appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/97

904 356 7000

CR2E034 (9/96)