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FILED

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 # P93000073510 (8)

1. Corporation Name
RRC FL TWO, 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

59-3207781

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

21 121 W. Forsyth St.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite 200

27 Suite, Apt. #, etc.

23 City & State

Jacksonville, FL

28 City & State

24 Zip

32202

25 Country

USA

29 Zip

Country

9. Name and Address of Current Registered Agent

F&L CORP.
200 LAURA STREET
JACKSONVILLE FL 32202

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

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

TITLE V ☐ DELETE

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

TITLE V ☐ DELETE

NAME THOMPSON, JAMES D
STREET ADDRESS 121 W. FORSYTH ST. STE. 200
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE V ☐ DELETE

NAME SKINNER, A, CHESTER 111
STREET ADDRESS 121 W. FORSYTH ST. STE. 200
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE VS ☐ DELETE

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

TITLE VT ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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***2475.00

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

65/9/97

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/97

904 356 7000

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