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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 # P93000074573 (5)

1. Corporation Name  
RRC LIMITED SPC, INC.

Principal Place of Business

200 LAURA STREET  
JACKSONVILLE FL 32202

Mailing Address

200 LAURA STREET  
JACKSONVILLE FL 32202-3500



2. Principal Place of Business

21 121 W. Forsyth St.

Suite, Apt. #, etc.

22 Suite 200

City & State

23 Jacksonville, FL

Zip

24 32202

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

Zip

29 Country

3. Date Incorporated or Qualified

10/27/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3207785

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

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 title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P STEIN, MARTIN E 121 W. FORSYTH ST. STE. 200 JACKSONVILLE FL 32202

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V JOHNSON, BRUCE M 121 W. FORSYTH ST. STE. 200 JACKSONVILLE FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V THOMPSON, JAMES D 121 W. FORSYTH ST. STE. 200 JACKSONVILLE FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V SKINNER, A. CHESTER 111 121 W. FORSYTH ST. STE. 200 JACKSONVILLE FL 32202

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VS MILLER, ROBERT L 121 W. FORSYTH ST. STE. 200 JACKSONVILLE FL 32202

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VT LEAVITT, CHRISTAIN J 121 W. FORSYTH ST. STE. 200 JACKSONVILLE FL 32202

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 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

800002197728  
-06/02/97--01079--006  
\*\*\*2475.00

Change Addition

Change Addition

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Change Addition

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

CR2E034 (9/96)