

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000074573 (5)

1. Corporation Name

RRC LIMITED SPC, INC.

Principal Place of Business

121 W. FORSYTH STREET
SUITE 200
JACKSONVILLE FL 32202

Mailing Address

200 LAURA STREET
JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1993

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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 state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	STEIN, MARTIN E	
STREET ADDRESS	121 W. FORSYTH ST. STE. 200	
CITY - ST - ZIP	JACKSONVILLE FL 32202	

TITLE	V	<input type="checkbox"/> DELETE
NAME	JOHNSON, BRUCE M	
STREET ADDRESS	121 W. FORSYTH ST. STE. 200	
CITY - ST - ZIP	JACKSONVILLE FL	

TITLE	V	<input type="checkbox"/> DELETE
NAME	THOMPSON, JAMES D	
STREET ADDRESS	121 W. FORSYTH ST. STE. 200	
CITY - ST - ZIP	JACKSONVILLE FL	

TITLE	V	<input type="checkbox"/> DELETE
NAME	SKINNER, A. CHESTER 111	
STREET ADDRESS	121 W. FORSYTH ST. STE. 200	
CITY - ST - ZIP	JACKSONVILLE FL 32202	

TITLE	VS	<input type="checkbox"/> DELETE
NAME	MILLER, ROBERT L	
STREET ADDRESS	121 W. FORSYTH ST. STE. 200	
CITY - ST - ZIP	JACKSONVILLE FL 32202	

TITLE	VI	<input type="checkbox"/> DELETE
NAME	LEAVITT, CHRISTAIN 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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Stein, Richard W.	
1.3 STREET ADDRESS	121 W. Forsyth St. Ste 200	
1.4 CITY - ST - ZIP	Jacksonville, FL 32202	

2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Smith, Jonathan L.	
2.3 STREET ADDRESS	11 S. LaSalle St. 2nd Floor	
2.4 CITY - ST - ZIP	Chicago IL	

3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Commander, Charles E.	
3.3 STREET ADDRESS	200 Laura St.	
3.4 CITY - ST - ZIP	Jacksonville, FL 32202	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I 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

4-16-98

(904) 356-7000

Date

Daytime Phone # 0031280

CR2E034 (10/97)