**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999

DOCUMENT # P93000074573 1. Corporation Name

## May 06, 1999 8:00 am Secretary of State

05-06-1999 90285 001 \*1,200.00

RRC LIM	ITED SPC, INC.									
Principal Place	e of Business	Mailing Address					8) () <b>8 16) 90</b> (0) 1 <b>96</b> (0) 1	<b>Ja</b> nis Badii <b>Ju</b> sii	<b>idah bida</b> i dini i	
121 W. FORSYTH STREET SUITE 200 JACKSONVILLE FL 32202  200 LAURA STREET JACKSONVILLE FL 32202						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
						10/27/19		u		
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Numbe			App	olied For
21 26						59-3207	785		No	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							of Status Desired		\$8.75 A	
22						J. Cermone c	n Diates Desiree		Fee Re	quired
City & State City & State							ımpaign Financing	<sup>3</sup> 🗆	\$5.00	· 1
23 28			O				Contribution		Added to	Fees
Zip	Country	Zip	Country				ation owes the cu	ırrent year In		□No
24	25   9. Name and Address of Current	<del> </del>	io				roperty Tax.  Address of New	Registered		
	y, Name and Address of Current	Registered Agent	81	Name		it, Hallie Gild	7.00.00		7.00	
F&L CORP.						/D D D N				
200 LAURA STREET				Street	Address	(P.O. Box Nui	nber is Not Accep	nable)		
JACKSONVILLE FL 32202			83	<del></del>						
				0/4			<del></del>		85 Zip C	`ode
			84	City				FL	_   85   Zip C	,000
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  Signature, typed or printed hame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									gistered	
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS	CHANGES TO C	FFICERS A		
TITLE	Р	☐ DELETE	1.1 TITLE		AS	Δ.			Change	Addition
NAME	STEIN, MARTIN E		1.2 NAME		G٥	wen A	lyson syth St	Sta	200	
STREET ADDRESS	121 W. FORSYTH ST. STE, 200		1.3 STREE	TADDRESS	1121	W. For	SYTH ST	222	200	
CITY-ST-ZIP	JACKSONVILLE FL 32202	- Defet	1.4 CITY-S	T-ZIP	Jā	cksoni	rille FC	3220	□ Change	Addition
TITLE	V	☐ DELETE	2.1 TITLE						[] Criange	
NAME	JOHNSON, BRUCE M		2.2 NAME	T +0000000						
STREET ADORESS	121 W. FORSYTH ST. STE.200		i	TADDRESS	ļ					
CITY-ST-ZIP TITLE	JACKSONVILLE FL	☐ DELETE	2. 4 CITY-5	51-ZIP	-				[] Change	Addition
NAME	V THOMPSON, JAMES D	<u></u>	3.2 NAME						·	
STREET ADDRESS	121 W. FORSYTH ST. STE. 200	)		T ADDRESS	ļ					j
CITY-ST-ZIP	JACKSONVILLE FL		3,4, CITY-8							
TITLE	V DELETE		4.1 TITLE					_	Change	Addition
NAME	SKINNER, A. CHESTER 111	• •	4. 2 NAME							
STREET ADDRESS	121 W. FORSYTH ST. STE. 200	)	4.3 STREE	T ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL 32202	<del></del>	4.4 CITY-S	T-ZIP	ļ					C7 A 1000
TITLE	VS	☐ DELETE	5.1 TITLE						Change :	Addition
NAME	MILLER, ROBERT L		5.2 NAME							
STREET ADDRESS	121 W. FORSYTH ST. STE. 200	)	1	TADDRESS						
CITY-ST-ZIP -	JACKSONVILLE FL 32202		5.4 CITY-S	T-ZIP					[]Change	[] Addition
TITLE	VT	☐ DELETE	6.1 TITLE 6.2 NAME						Change	☐ Addition
NAME	LEAVITT, CHRISTAIN J	•	1	T ADDRESS						
STREET ADORESS.	: 121 W FURNYIH XI XIE 200	1	U.O OTTACE	. ADDITION	1					1

6.4 CITY-ST-ZIP JACKSONVILLE FL 32202 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, with all other like empowered.

**SIGNATURE:**