

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

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 # P93000079117 (6)

1. Corporation Name:
RRC ACQUISITIONS, 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 11/16/1993	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3210155	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 121 W. Forsyth St. Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 Suite 200	27
23 Jacksonville, FL City & State	28 City & State
24 32202 Zip	29 USA 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIN, MARTIN E JR	1.2 NAME	
STREET ADDRESS	121 W. FORSYTH ST. STE. 200	1.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL 32202	1.4 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, BRUCE M	2.2 NAME	
STREET ADDRESS	121 W. FORSYTH ST. STE. 200	2.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL	2.4 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLANDER, ROBERT C	3.2 NAME	
STREET ADDRESS	121 W. FORSYTH ST. STE. 200	3.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL	3.4 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, RICHARD E	4.2 NAME	
STREET ADDRESS	121 W. FORSYTH ST. STE. 200	4.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL	4.4 CITY- ST- ZIP	
TITLE	VS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ROBERT L JR	5.2 NAME	
STREET ADDRESS	121 W. FORSYTH ST. STE. 200	5.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL 32202	5.4 CITY- ST- ZIP	
TITLE	VT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEAVITT, J. CHRISTIAN	6.2 NAME	
STREET ADDRESS	121 W. FORSYTH ST. STE. 200	6.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL 32202	6.4 CITY- ST- ZIP	

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

4/8/97 804 356 7000
Date Daytime Phone #

CR2E034 (9/96)