

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P93000083263 (2)

1. Corporation Name

RRD CORP.

95 FEB 14 PM 2:42

Principal Place of Business

140 W. END LANE
#702
PONTE VEDRA BEACH FL 32082

Mailing Address

140 W. END LANE
#702
PONTE VEDRA BEACH FL 32082

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/12/1993

3a. Date of Last Report
10/05/1994

4. FEI Number
59-3209713

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 2 INDEPENDENT DRIVE

2a. Mailing Address

26 3755 SANCTUARY WAY NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 147

27

City & State

City & State

23 JACKSONVILLE, FL

28 JACKSONVILLE BEACH, FL

Zip

Country

Zip

Country

24 32202

25 DUVAL

29 32250

30

9. Name and Address of Current Registered Agent

BUCKLAND, ROBERT T
140 W. END LANE, #702
PONTE VEDRA FL 32082

10. Name and Address of New Registered Agent

81 Name
BUCKLAND, ROBERT T.
82 Street Address (P.O. Box Number is Not Acceptable)
3755 SANCTUARY WAY NORTH
83
84 City
JACKSONVILLE BEACH FL 85 Zip Code
32250

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

Robert J. Buckland

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BUCKLAND, ROBERT T
140 W. END LANE, #702
PONTE VEDRA BEACH FL 32082

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
Change ☒ Addition ☐
3755 SANCTUARY WAY NORTH
JACKSONVILLE BEACH, FL 32250

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COMPANION, DOROTHY M
140 W. END LANE, #702
PONTE VEDRA BEACH FL 32082

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Change ☒ Addition ☐
3755 SANCTUARY WAY NORTH
JACKSONVILLE BEACH, FL 32250

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
Change ☐ Addition ☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(4)(b), 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:

Robert J. Buckland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/95

704 354 6260