

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

FILED

Apr 30 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

**DOCUMENT # P93000085804 (1)**

1. Corporation Name  
**RJ EQUITIES-2, INC.**



Principal Place of Business  
**880 CARILLON PARKWAY  
ST. PETERSBURG FL 33716**

Mailing Address  
**880 CARILLON PARKWAY  
ST. PETERSBURG FL 33716**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <del>12/15/1993</del> <b>12-14-93</b>	
4. FEI Number <b>59-3222444</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <b>FILED BY PARENT</b>	

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

9. Name and Address of Current Registered Agent

**SHEETS, TODD W  
880 CARILLON PARKWAY  
ST. PETERSBURG FL 33716**

10. Name and Address of New Registered Agent COMPANY

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MOSBY, J DAVENPORT IV	
STREET ADDRESS	880 CARILLON PARKWAY	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SHEETS, TODD W	
STREET ADDRESS	880 CARILLON PARKWAY	
CITY - ST - ZIP	ST. PETERSBURG FL 33716	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BARNES, TERESA L	
STREET ADDRESS	880 CARILLON PKWY.	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DINER, RONALD M	
STREET ADDRESS	880 CARILLON PKWY.	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	PALSHA, GRACE	
STREET ADDRESS	880 CARILLON PKWY.	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MOSBY, J DAVENPORT III
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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]* J. Davenport Mosby, III 4/15/98 813-573-3800

CR2E034 (10/97)