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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000025349 (9)

RJR MANUFACTURING, INC.

Principal Place of Business	Mailing Address
5913 ST AUGUSTINE RD	5913 ST AUGUSTINE RD
JACKSONVILLE FL 32207	JACKSONVILLE FL 32207-8035

FILED Jan 31 1997 8:00am Secretary of State



Principal Place	Principal Place of Business Mailing Address		r santimet isn søsit enkti notis desit notis kront ditted blet notion folk ibne					
5913 ST AUGUSTINE RD JACKSONVILLE FL 32207 5913 ST AUGUSTINE RD JACKSONVILLE FL 32207-8035								
					3. Date Incorporated or Quali		te of Last R	eport
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number			oplied For
21		26			59-3228770		No	ot Applicable
Suite, Apt.	#, e tc.	Suite, Apt. #, etc.			5. Certificate of Status Desire	d 🗆	\$8.75	Additional
22		27			Certificate of Status Desirer	ں ں	Fee Re	equired
City & State	9	City & State			6. Election Campaign Financi	ng	\$5.00	May Be
23		28			Trust Fund Contribution			to Fees
Ζιρ	Gountry	Zip	Zip Country		8. This corporation has liability	y for intangible	tax under s	. 199.032,
24	25		30		Florida Statutes] No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of Ne	w Registered A	igent	
	, RICHARD			Name				
	ST AUGUSTINE RD		l t	32 Street Add	ress (P.O. Box Number is Not Acc	eptable)		
JACI	SONVILLE FL 32207		L					
			Į:	33				
				34 City			05 7 m	Code
			[City		FL	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607,1508, Florida Statute	s, the ab	ove-named corp	poration submits this statement for	the purpose of	changing it	s registered
office or r agent. Fa	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m fabiliar with land accept the oblig	e of Florida. Such change was as nations of Section 607,0505. Flor	uthorized rida Statu	by the corporation	tion's board of directors. I hereby a	accept the app	ointment as	registered
SIGNATURE	William ON	20 U Sec	\mathcal{Q}_{\sim}	lso	Kil Laske	597		
SIGNATURE	Signedire, typed or printed name of registered as	gent and title of applicable (NOTE	: Registered	Agent signature requi	red when reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO C	OFFICERS AND	DIRECTOR	S IN 12
THILE	P	DELETE	1.1 7171	E			Change	Addition
NAME	RICE, RICHARD J		1.2 NAA	RE				
STREET ADDRESS	5913 ST. AUGUSTINE RD. #5		1.3 STR	EET ADDRESS				
CHTY- \$1 - ZIP	JACKSONNILLE FL 32207		1,4 C(T)	r-ST-ZIP				
THTLE	VP	DELETE	2.1 1)11	E			☐ Change	Addition
NAME	RICE, YVONNE D		2.2 NAM	ne l				
STREET ADDRESS	5913 ST. AUGUSTINE RD. #5	•	2.3 STR	EET ADDRESS				
CITY - \$1 - ZIP	JACKSONVILLE FL 32207			Y-ST-ZIP				
TIFLE		DELETE	3.1 TH	·····			Change	Addition
NAME			3.2 NAM	ħE				_ "
STREET ADDRESS				EET ADDRESS				
CITY-SI-76			•	Y-ST-ZIP				
1:TLE		DELETE	4.1 3171				Change	Addition
NAME			4. 2 NA					
STREET ADDRESS				EET ADDRESS				
CITY-ST-7IF			1	r-ST-ZIP				
TITLE		☐ DELETE	5.1 TITL				Change	Addition
NAME		hand sometime	5.2 NAS				- Diango	tad (addition)
STREET ADDRESS			1	EET ADDRESS				
			1					
CITY: \$1:ZIF TITLE		☐ DELETE	6.1 TITU	r-ST-ZIP			Change	Addition
		- occuse	1				- Ovarige	LL RUGHION
NAME			62 NAN					
STREET ADDRESS				EET ADDRESS				
CITY-S1-7-P			6.4 CIT	r-st-zip				

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.