

RENEW FILING FEE AFTER MAY 14 IS \$550.00



FLORIDA DEPARTMENT OF STATE

Barbara D. Northam

Secretary of State

DIVISION OF CORPORATIONS

FILED

May 19 1997 8:00am

Secretary of State

DOCUMENT # P94000039018 (4)

1. Corporation Name

RJG ENTERPRISES, INC.

Principal Place of Business

35 DOLPHIN DRIVE  
TREASURE ISLAND FL 33706

Mailing Address

35 DOLPHIN DRIVE  
TREASURE ISLAND FL 33706-3113

3. Date Incorporated or Qualified

05/20/1994

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FET Number

59-3245598

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

9. Name and Address of Current Registered Agent

GRANT, VICKI A  
35 DOLPHIN DRIVE  
TREASURE ISLAND FL 33706

10. Name and Address of New Registered Agent

81 Name

Rex J. Grant

82 Street Address (P.O. Box Number is Not Acceptable)

35 DOLPHIN DR

83

84 City

TREASURE ISLAND

FL

85 Zip Code

33706

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

VICKI A. GRANT

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

(NOTE: Registered Agent signature required when registering)

4/28/97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P  
GRANT, REX J  
STREET ADDRESS 35 DOLPHIN DRIVE  
CITY-ST-ZIP TREASURE ISLAND FL

TITLE ☐ DELETE

NAME VTS  
GRANT, VICKI A  
STREET ADDRESS 35 DOLPHIN DRIVE  
CITY-ST-ZIP TREASURE ISLAND FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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

VICKI A. GRANT

4/28/97

59-3245598

CR2E034 (9/96)