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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

P94000061719 (8)

R.J. HOMES, INC.

11.0. 11.									
Principal Place of Business Mailing Address							iili <b>aa</b> kii barii	) 1481 19 <b>5</b> 11 <b>183</b>	/W) 11818 1811 1891
795 KINGS ESTATE RD. 795 KINGS ESTATE RD. ST. AUGUSTINE FL 32086 ST. AUGUSTINE FL 320									
						3. Date Incorporated or Qualified 08/22/1994	1	of Last Rep 04/13/19	•
9 Principal Place	of Rusinoss	2a. Mailing Address				4. FEI Number	<u> </u>		pplied For
2. Principal Place of Business		26			<b>59-3266588</b> Not Applicable				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		Fee R	Additional lequired
City & State		City & State	- h			6. Election Campaign Financing  Yrust Fund Contribution  \$5.00 May Be Added to Fees			
Zip	Country	Zip	<b></b> -	Country		8. This corporation has liability for intangible tax under s 199.03			199.032,
24	25	29	30			Florida Statutes Yes No  10. Name and Address of New Registered Agent			
	9. Name and Address of Cur	rent Registered Agent	<del></del>	81 N	ame	10. Name and Address of New F	logistored i	190	
			Į	-			-1-2		
	IT, JAMES A JR			82 Street Ad		ess (P.O. Box Number is Not Acceptal	ле)		
	IGS ESTATES ROAD		<u> </u>	83					
ST. AU	GUSITNE FL 32086			<u>.</u>				<b>85</b> Zip	Code
			Į	84 0	•	ation submits this statement for the pu	FL		
	gnature, typed or printed name of registered a	igent and title if applicable  AND DIRECTORS	(NOTE: Registered	Agent sig	nature required	when recistating! ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECTO	RS IN 12
12.		DELETE	1. 1 TI	TLE	<u>-</u>			Change	Addition
TITLE NAME	D Beckett, James A		1.2 NA	ME	}				
STREET ADDRESS	795 KINGS ESTATES R	D.	1.3 ST	REET ADD	RESS				
CITY-ST-ZIP	ST. AUGUSTINE FL 320	)86		1Y - \$1 - Z	P			Change	Addition
TiTLE	D	DELETE	2.170					Criange	
NAME	BECKETT, RACHEL S	_	2 2 NA	ame Ireet adi	NOT CO				
STREET ADDRESS	795 KINGS ESTATES R								
CITY-SI-ZIP TITLE	ST. AUGUSTINE FL 320	32086		24 CITY-ST-ZIP 3 1 TITLE				Change	☐ Addition
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CITY-ST-ZIP TITLE		DELETE	5 1 1					Change	Addition
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THILE		DELETE		TITLE	ĺ				
NAME				IAME STREET AD	INDESS				
STREET ADDRESS			6.4.5	TO VII	7/10				
CITY-ST-ZIP		Find with this filing is voluntarily	furnished and	l does i	not qualify	for the exemption stated in Section 1:	9.07(3)(k), F	orida Statu	ites. I further

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 119.07(3)(k). 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 cath; 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

4-14-96 904-794-5245