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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Apr 07 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000008552 (7)

R.J.D. GROUP, INC.

SIGNATURE:

Principal Place of Business Mailing Address 1590 NORTHWOOD DRIVE 1590 NORTHWOOD				1 10011991 HIE 18118 STHI 881H 984H 984	THE STATE OF THE STATE BOTH SOUTH SOUTH SOUTH SOUTH SOUTH STATE STATE STATE STATE SOUTH SO	
ST. AUGUSTINE	FL 32084	ST. AUGUSTINE FL 32098-93	52	Date Incorporated or Qualified     01/22/1996	3a. Date of Last Report	
2. Principal Pla		2a. Mailing Address	1( , >	4. FEI Number	Applied For	
21 15 70	Northwood Dr.	26 15 70 Nort	hwood D	r. 59-3377173	Not Applicable	
Suite Apt. #	t, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & State		City & State 28 St. August	nè FL	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
	lugustine FL Goundy	Zip	Country	8. This corporation has liability for		
24 3208(	9. Name and Address of Current	29 3 2086 3	ost John:		Yes No	
D 1) 46		Hegistered Agent	B1 Name	10. Name and Address of New Ro	gistered Agent	
A Chard S. DAVIS.						
1590 NORTHWOOD DRIVE ST. AUGUSTINE FL 32084				address (P.O. Box Number is Not Acceptable)  North wood Dr.		
83						
Í			84 City	1 -	85 Zip Code	
<u>  '\$t.</u>				t. Augustine	FL 32086	
11. Parsuant to	o the provisions of Sections 607 0502	and 607.1508, Florida Statutes of Florida, Such change was au	, the above-named	corporation submits this statement for the poration's board of directors. I bereby acce	purpose of changing its registered of the appointment as registered	
agent Lan	if familiar with and accept the obligation	Λ '	. 0	oration's board of directors. I hereby acce		
SIGNATURE	the Cars	raid their applicable (NOTE	VI3 CCS Registered Agent signature	reg (ted when controlled)	3/30/97	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIBECTORS IN 12	
	PVST	DELETE	1.1 TITLE		Change Addition	
HAME	DAVIS, RICHARD J		1.2 NAME			
	1590 NORTHWOOD DRIVE		1.3 STREET ADDRESS	1570 Northwood Dr.	_	
h	ST. AUGUSTINE FL 32084		1 4 City-ST-ZIP	St. Augustine FL 3	2086	
TRUE	D	DELETE	2.1 TITLE	St. Augustine FL 3	Change	
	DAVIS, RICHARD J		2.2 NAME	16 Bo Month wood Do	<i></i>	
1	1590 NORTHWOOD DRIVE ST. AUGUSTINE FL 32084		2.3 STREET ADDRESS	1570 Northwood Dr. St. Augustine FL	20 801	
TITLE	DI. AUGUSTINE FE SEGOT	☐ DELETE	2 4 CITY-ST-ZIP 3.1 TITLE	SI nugustine PC	Change Addition	
NAME		-	3.2 NAME	<b>-</b>		
STREET ADDRESS			3.3 STREET ADDRESS			
(31° V - S.1 - 70°)			3.4. CITY - ST - ZIP			
101.6		DELETE	4 1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CHY ST AP		DELETE	4.4 CITY - ST-ZIP		Change Addition	
THE		☐ herese	5.1 TITLE		ET OPERING ET VOORIOU	
NAME STREET ADORESS			5.2 NAME 5.3 STREET ADDRESS		ļ	
COVIST ZP			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
10.7 St 77		DELETE	6.1 TITLE		Change Addition	
NAME		<del></del>	62 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
City St Zift			6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filling 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 are 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 chapted. From an attachment with an address.

Kichard Davis President 3/30/97 (904) 824-5856