

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 01 1998 8:00am
Secretary of State

DOCUMENT # P96000033831 (4)
Corporation Name
RBG APARTMENTS, INC.



Principal Place of Business
**P.O. BOX 2080
JACKSONVILLE FL 32231-0010**

Mailing Address
**P.O. BOX 2080
JACKSONVILLE FL 32231-0010**

DO NOT WRITE IN THIS SPACE

Date Incorporated or Qualified

04/17/1996

FEI Number

APPLIED FOR 59-3454957

Applied For

Not Applicable

Certificate of Status Desired

**\$8.75 Additional
Fee Required**

Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1204 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent's signature required when reinstalling)

DATE

OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WERTZ, LARRY J		1.2 NAME	
STREET ADDRESS	225 WATER STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202		1.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, JOHN A III		2.2 NAME	
STREET ADDRESS	225 WATER STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202		2.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODNETT, BYRON E		3.2 NAME	
STREET ADDRESS	225 WATER ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202		3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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.

CR2E034 (10/97)