

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

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Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000050639 (9)**

1. Corporation Name
R.M. HARPER, INC.



Principal Place of Business PO BOX 47966 JACKSONVILLE FL 32247-7966	Mailing Address PO BOX 47966 JACKSONVILLE FL 32247-7966
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2. Principal Place of Business 21 P. O. Box 8117 Suite, Apt. #, etc.		2a. Mailing Address 26 P. O. Box 8117 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/13/1996	3a. Date of Last Report
22 Jacksonville, FL City & State		27 Jacksonville, FL City & State		4. FEI Number 59-3389032	Applied For Not Applicable
23 32239-0117 Duval Zip Country		28 32239-0117 Duval Zip Country		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 32239-0117 Duval Zip Country		29 32239-0117 Duval Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25 Duval Zip Country		30 Duval Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent HILL, JUDITH H 5000 SAN JOSE BLVD. APT. #208 JACKSONVILLE FL 32207		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 2400 1st Street South, Apt. #I-5 83 84 City Jacksonville Beach, FL 85 Zip Code 32250	
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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: **Judith H. Hill, Treasurer/Registered Agent** *Judith H. Hill*, 1/14/97
Sign in ink, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HARPER, ROBERT M SR. PO BOX 47966 JACKSONVILLE FL 32247-7966 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	KX Change <input type="checkbox"/> Addition 2429 Lotus Road East Jacksonville, Florida 32211
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HARPER, BETTY P PO BOX 47966 JACKSONVILLE FL 32247-7966 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	KX Change <input type="checkbox"/> Addition 2429 Lotus Road East Jacksonville, Florida 32211
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HILL, JUDITH H PO BOX 47966 JACKSONVILLE FL 32247-7966 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	KX Change <input type="checkbox"/> Addition 2400 1st Street South, #I-5 Jacksonville Beach, Florida 32250
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Judith H. Hill* **Judith H. Hill, Treasurer** 1/14/97 (904) 241-2533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)