


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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 P.O. BOX 6117 JACKSONVILLE FL 32239-0117 US	Mailing Address P.O. BOX 6117 JACKSONVILLE FL 32239-0117 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2429 Lotus Rd E		2a. Mailing Address 2429 Lotus Rd E		3. Date Incorporated or Qualified 06/13/1996	
22. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-3389032	
23. City & State JACKSONVILLE, FL		27. City & State JACKSONVILLE, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24. Zip 32211		28. Zip 32211		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25. Country		29. Country		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HILL, JUDITH H
2400 1ST STREET SOUTH
APT. 15
JACKSONVILLE BEACH FL 32250**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable) 320 OSCEOLA AVENUE
83.
84. City JACKSONVILLE BEACH FL
85. Zip Code 32250

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** / **JUDITH H. Hill**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4/22/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARPER, ROBERT M SR.		1.2 NAME	BPH
STREET ADDRESS 2429 LOTUS RD. EAST		1.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL		1.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARPER, BETTY P		2.2 NAME	BPH
STREET ADDRESS 2429 LOTUS RD. EAST		2.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL		2.4 CITY-ST-ZIP	
TITLE J	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HILL, JUDITH H		3.2 NAME	
STREET ADDRESS 2400 1ST STREET SOUTH, 1-5		3.3 STREET ADDRESS 2337 COSTA VERDE BLVD # 302	
CITY-ST-ZIP JACKSONVILLE BEACH FL		3.4 CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250	
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	

14. 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.

SIGNATURE **Betty P Harper** / **BETTY P HARPER, SECRETARY** **4/22/98 (904) 743-0341**

CP2E034 (10/97)