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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000029446 (6)

RAJAN PROPERTIES, INC.

FILED Mar 02 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						- (sharindar rud hanir sadin danir banir danis darih Udira salir dibit didir bilir shar				
11269 N MAIN ST 11269 N MAIN ST										
JACKSONVIL			JACKSONVILLE FL 32218							~ •
							DO NOT WR	ITE IN THIS	SPACE	
						3. Date Incorp 03/31/11	orated or Qualifie	d	··· •	
	lace of Business	2a. Mailing Address				4. FEI Number Applied For 59 - 3455 182 Not Applied			pplied For	
21		26				57	<u> </u>	32		ot Applicable
Suite, Apt.	#, OC.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of	of Status Desired			Additional equired
City & State	9	City & State				6 Floories Co.	maios Financias			
23		28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution				
Zip	Country	Zip	Count	ту			ation owes or has			
24	25	29	30				operty Tax due Ju			□No
	9. Name and Address of Curre	nt Registered Agent				10. Name and	Address of New	Registered	Agent	
MOORE, JOEL R					ame					
	269 N MAIN ST		62 Street			Address (P.O. Box Number is Not Acceptable)				
JA	CK\$ONVILLE FL 32218						•	,		
			8	3						
			8	4 C	ity			FL	85 Zip	Code
11. Pursuant t	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	s, the abo	ve-na	med corpor	ration submits thi	s statement for the	nurnone of	changing i	ts registered
agent. I ar	egistered agent, or both, in the State m familiar with, and accept the oblig	ations of, Section 607.0505, Flor	rida Statut	68.	o corporation	is board or direc	itors. I rioreby acc	ebi ilie abb	onunent as	registered
SIGNATURE	Signature, typed or printed name of registered age	ent and title (I applicable (NOTE	Registered A	nent sin	nature required	when reinstating)		DATE		
12.		D DIRECTORS	13.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		HANGES TO OFF		DIRECTOR	RS IN 12
TITLE	D	DELETE	1.1 TITLE						☐ Change	Addition
NAME	MOORE, JOEL R		1.2 NAME	E						
STREET ADDRESS	2149 ARMSDALE RD	1.3 ST		1.3 STREET ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL 32218		1.4 CITY - SY - ZIP		,					i.
TITLE	D	☐ DELETE	2.1 TITLE						Change	Addition
NAME	MOORE, JANICE T		2.2 NAME	Ε						
STREET ADDRESS	2149 ARMSDALE RD		2.3 STRE	2.3 STREET ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL 32218		2. 4 CITY	- ST - ZII	P					
TITLE	-	DELETE	3.1 TITLE						Change	Addition
NAME			3.2 NAME						-	
STREET ADDRESS			3.3 STREE	ET ADDR	RESS					
CITY-ST-ZIP			3.4. CITY		1					j
TITLE		DELET E	4.1 TITLE						Change	Addition
NAME			4. 2 NAM	E	1				-	
STREET ADDRESS			4.3 STREE	T ADDA	ness					
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	.					!
TITLE		DELETE	5.1 TITLE		1				Change	Addition
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREE	T ADDR	RESS					
CITY-ST-ZIP	_		5.4 CITY -	ST-ZIP						i
TITLE		☐ DELET E	6.1 TITLE						Change	☐ Addition
NAME			6.2 NAME						-	ļ
STREET ADDRESS			6.3 STREE	T ADOR	ESS					[
CITY-ST-ZIP			6.4 CITY-							
44									·	

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.