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FILED  
Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90017 013 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000093067

1. Corporation Name  
R COMMUNICATIONS, INC.

Principal Place of Business  
3033 MONUMENT RD SUITE 9  
JACKSONVILLE FL 32225

Mailing Address  
3033 MONUMENT RD SUITE 9  
JACKSONVILLE FL 32225

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/29/1997

4. FEI Number

59-3475019

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75-Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business,

21 3031 Monument Suite 3

Suite, Apt. #, etc.

22

City & State

23 Jacksonville FL

Zip

24 32225

Country

25 USA

2a. Mailing Address

26 3031 Monument Rd

Suite, Apt. #, etc.

27

City & State

28 Jacksonville FL

Zip

29 32225

Country

30 USA

9. Name and Address of Current Registered Agent

CABRERA, ROBERT A  
451 MONUMENT RD. #1002  
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

81 Name

Louis David CPA

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

9141 Cypress Green DR #2

83

84 City

Jacksonville

FL

85 Zip Code

32256

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME CABRERA, ROBERT A  
STREET ADDRESS 451 MONUMENT RD #1002  
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE V ☐ DELETE

NAME FORBRICH, RICHARD W  
STREET ADDRESS 5059 SHARON TERR  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME CABRERA Robert A  
1.3 STREET ADDRESS 3033 Monument Rd Suite 9  
1.4 CITY-ST-ZIP JACKSONVILLE FL 32225

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Forbrich, Richard W  
2.3 STREET ADDRESS 5059 Sharon Terr  
2.4 CITY-ST-ZIP Jacksonville FL 32207

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/99

Date

909/96-1619

Daytime Phone #

CR2E034 (1/1/98)