

DOCUMENT # P97000097379

1. Entity Name

RJA INVESTMENT GROUP, INC.

FILED

00 MAR -9 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5831 MEMORIAL HWY.
TAMPA FL 33615

Mailing Address

5831 MEMORIAL HWY.
TAMPA FL 33615-5042

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **APPLIED FOR**

59-3476511

5. Certificate of Status Desired ☐Applied For
Not Applicable\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BOYD, ROBERT J
5831 MEMORIAL HWY.
TAMPA FL 33615

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	BOYD, DIANE M	<input type="checkbox"/> Delete
NAME	3920 DORAL DR.	
STREET ADDRESS	TAMPA FL 33634	
CITY-ST-ZIP		

TITLE	VTD	<input type="checkbox"/> Delete
NAME	BOYD, BRENDA L	
STREET ADDRESS	5831 MEMORIAL HWY.	
CITY-ST-ZIP	TAMPA FL 33615	

TITLE	VSD	<input type="checkbox"/> Delete
NAME	REILLY, MARY ANNE B	
STREET ADDRESS	5831 MEMORIAL HWY.	
CITY-ST-ZIP	TAMPA FL 33615	

TITLE	VD	<input type="checkbox"/> Delete
NAME	HENDERSON, DEBRA B	
STREET ADDRESS	5831 MEMORIAL HWY.	
CITY-ST-ZIP	TAMPA FL 33615	

TITLE	VD	<input type="checkbox"/> Delete
NAME	BOYD, JOHN T	
STREET ADDRESS	5831 MEMORIAL HWY.	
CITY-ST-ZIP	TAMPA FL 33615	

TITLE	PD	<input type="checkbox"/> Delete
NAME	BOYD, ROBERT J	
STREET ADDRESS	5831 MEMORIAL HWY.	
CITY-ST-ZIP	TAMPA FL 33615	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5831 MEMORIAL HWY	
STREET ADDRESS	TAMPA FL 33615	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)