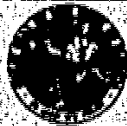


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 19 AM 1:50

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # V22334 (9)

1. Corporation Name
RJWR FLORIDA, INC.

Principal Place of Business

**600 FIFTH AVE S
SUITE 210
NAPLES FL 33940**

Mailing Address

**600 FIFTH AVE S
SUITE 210
NAPLES FL 33940**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/19/1992	3a. Date of Last Report 04/13/1994
4. FEI Number 65-0324461	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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**BRUGGER, JOHN N.
600 FIFTH AVE S
SUITE 210
NAPLES FL 33940**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	☐ Change ☐ Addition
NAME	MCCORMACK, WEBSTER J	1.2 NAME	
STREET ADDRESS	209 N BEAVER ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	YORK PA	1.4 CITY - ST - ZIP	
TITLE	DP	2.1 TITLE	☐ Change ☐ Addition
NAME	MYERS, RONALD E	2.2 NAME	
STREET ADDRESS	209 N BEAVER ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	YORK PA	2.4 CITY - ST - ZIP	
TITLE	DV	3.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, RAY A	3.2 NAME	
STREET ADDRESS	209 N BEAVER ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	YORK PA	3.4 CITY - ST - ZIP	
TITLE	DV	4.1 TITLE	☐ Change ☐ Addition
NAME	MCCORMACK, D JAMES	4.2 NAME	
STREET ADDRESS	209 N BEAVER ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	YORK PA	4.4 CITY - ST - ZIP	
TITLE	ST	5.1 TITLE	☐ Change ☐ Addition
NAME	MCCORMACK, D JAMES	5.2 NAME	
STREET ADDRESS	209 N BEAVER ST	5.3 STREET ADDRESS	
CITY - ST - ZIP	YORK PA	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 applicable, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/95 (717) 854-0160

DATE

TELEPHONE NUMBER