

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 AM 7:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V61010 (7)

1. Corporation Name

RJR ENTERPRISES (ORLANDO), INC.

Principal Place of Business

2104 MAGDALENE MANOR DR
12TH FLOOR
TAMPA FL 33613
US

Mailing Address

2104 MAGDALENE MANOR DR
12TH FLOOR
TAMPA FL 33613
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3149779

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

delete 12th floor

delete 12th floor

City & State

City & State

22

27

23

28

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRIGG, ROBERT C
2104 MAGDALENE MANOR DR
12TH FLOOR
TAMPA FL 33613

81. Name

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

83

84

delete 12th floor

City

FL

85. Zip Code

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 fee # applicable

(NOTE: Registered Agent signature required when resending)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DPST

NAME

TRIGG, ROBERT

STREET ADDRESS

2104 MAGDALENE MANOR DR

CITY - ST - ZIP

TAMPA FL

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

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)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert C. Trigg *Robert C. Trigg*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/95
Date

(813) 968-5429
Toll-Free Number