

**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 26 PM 2:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # K90554 (2)**

1. Corporation Name  
**RX SERVICES CORPORATION**

Principal Place of Business      Mailing Address  
**220 MARTIN LUTHER KING JR BLVD  
FORT MYERS FL 33901  
US**                                      **2200 MARTIN LUTHER KING JR. BLVD  
FT MYERS FL 33901  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**05/24/1989**                                      **03/24/1994**

2. Principal Place of Business      2a. Mailing Address  
**21**    **26**

4. FEI Number      Applied For / Not Applicable  
**65-0126097**                                       Applied For  
 Not Applicable

22. Suite, Apt. #, etc.      27. Suite, Apt. #, etc.

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
     \$8.75 Additional Fee Required

23. City & State      28. City & State

6. Election Campaign Financing Trust Fund Contribution      \$5.00 May Be Added to Fees  
     \$5.00 May Be Added to Fees

24. Zip      25. Country      29. Zip      30. Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MASSIE, CHARLES A.  
14751 EDEN ST  
FT MYERS FL 33908**

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City      **FL**      B5 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 607.0509, Florida Statutes.

SIGNATURE Charles A. Massie      DATE 1/16/95  
SIGNATURE, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>
NAME	<b>MASSIE, CHARLES A.</b>
STREET ADDRESS	<b>14751 EDEN ST</b>
CITY-STATE-ZIP	<b>FT MYERS FL</b>
TITLE	<b>SD</b>
NAME	<b>MASSIE, BETTY A.</b>
STREET ADDRESS	<b>14751 EDEN STREET</b>
CITY-STATE-ZIP	<b>FT MYERS FL</b>
TITLE	<b>VD</b>
NAME	<b>JACOBS, BRUCE P.</b>
STREET ADDRESS	<b>6799 HIGHLAND PINES CIRCLE</b>
CITY-STATE-ZIP	<b>FT. MYERS FL</b>
TITLE	<b>TD</b>
NAME	<b>JACOBS, ROBIN J.</b>
STREET ADDRESS	<b>6799 HIGHLAND PINES CIRCLE</b>
CITY-STATE-ZIP	<b>FT. MYERS FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles A. Massie      **CHARLES A. MASSIE**      1/16/95      (813) 332-1612  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      (Date)      (Daytime Phone #)