

**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  
**200 MARTIN LUTHER KING JR BLVD  
FORT MYERS FL 33901  
US**

Mailing Address  
**200 MARTIN LUTHER KING JR. BLVD  
FT MYERS FL 33901  
US**

DO NOT WRITE IN THIS SPACE.

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

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

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

City & State **23** City & State **28**

Zip **24** Country **25** Zip **29** Country **30**

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

5. Certificate of Status Declared  **\$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

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

(NOTE: Registered Agent signature required when reappointing)  
DATE **1/16/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**  
NAME **MASSIE, CHARLES A.**  
STREET ADDRESS **14751 EDEN ST**  
CITY-ST-ZIP **FT MYERS FL**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **SD**  
NAME **MASSIE, BETTY A.**  
STREET ADDRESS **14751 EDEN STREET**  
CITY-ST-ZIP **FT MYERS FL**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **VD**  
NAME **JACOBS, BRUCE P.**  
STREET ADDRESS **6799 HIGHLAND PINES CIRCLE**  
CITY-ST-ZIP **FT. MYERS FL**

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **TD**  
NAME **JACOBS, ROBIN J.**  
STREET ADDRESS **6799 HIGHLAND PINES CIRCLE**  
CITY-ST-ZIP **FT. MYERS FL**

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

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

**CHARLES A. MASSIE** 1/16/95 (813) 332-1612  
Date Daytime Phone #