

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S03812** (2)

1. Corporation Name
RX FOR FLEAS/TALLAHASSEE, INC.



Principal Place of Business: **RT 4 BOX 468 HAVANA FL 32333**
Mailing Address: **RT 4 BOX 468 HAVANA FL 32333**

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

3. Date Incorporated or Qualified: **09/04/1990**
3a. Date of Last Report: **02/09/1995**
4. FEE Number: **59-3024289**
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

9. Name and Address of Current Registered Agent

**PATRICK, AVERY A.
RT 4 BOX 468
HAVANA FL 32333**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0612 and 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of registered agent, if the registered agent is not the corporation, and the name of the corporation.

NOTE: Sign as Agent, if you are not the corporation.

DATE

12. OFFICERS AND DIRECTORS
11 TITLE: DELETE
NAME: **P SUELLAU, DAVID I.**
STREET ADDRESS: **RT 4 BOX 468 HAVANA FL**
CITY, ST, ZIP: **V**
11 TITLE: DELETE
NAME: **PATRICK, AVERY A.**
STREET ADDRESS: **RT 4 BOX 468 HAVANA FL**
CITY, ST, ZIP: **V**
11 TITLE: DELETE
NAME: **PATRICK, AVERY A.**
STREET ADDRESS: **RT 4 BOX 468 HAVANA FL**
CITY, ST, ZIP: **V**
11 TITLE: DELETE
NAME: **PATRICK, AVERY A.**
STREET ADDRESS: **RT 4 BOX 468 HAVANA FL**
CITY, ST, ZIP: **V**
11 TITLE: DELETE
NAME: **PATRICK, AVERY A.**
STREET ADDRESS: **RT 4 BOX 468 HAVANA FL**
CITY, ST, ZIP: **V**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE: Change Addition
12 NAME:
13 STREET ADDRESS:
14 CITY, ST, ZIP:
21 TITLE: Change Addition
22 NAME:
23 STREET ADDRESS:
24 CITY, ST, ZIP:
31 TITLE: Change Addition
32 NAME:
33 STREET ADDRESS:
34 CITY, ST, ZIP:
41 TITLE: Change Addition
42 NAME:
43 STREET ADDRESS:
44 CITY, ST, ZIP:
51 TITLE: Change Addition
52 NAME:
53 STREET ADDRESS:
54 CITY, ST, ZIP:
61 TITLE: Change Addition
62 NAME:
63 STREET ADDRESS:
64 CITY, ST, ZIP:

14. I do hereby certify that the information supplied on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.071(4)(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. I am an officer or director of the corporation or the registered agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears on Block 12 or Block 13 if changed, or on Block 14 if added with an address.

SIGNATURE: *Avery A. Patrick* **AVERY A. PATRICK**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96 904 531-1002
DATE OF FILING FEE

CR2E034 (12/95)