

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
25. Country

2a. Mailing Address
26. State, Apt. #, etc.
27. City & State
28. Zip
29. Country
30. 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
85. Zip Code
FL

11. Pursuant to the provisions of Sections 607.0612 and 607.1606, Florida Statutes, the above named corporation submits this statement for the purpose of changing its 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

12. OFFICERS AND DIRECTORS

1. TITLE: **P** DELETE
NAME: **SUELLAU, DAVID I.**
STREET ADDRESS: **RT 4 BOX 468**
CITY, ST, ZIP: **HAVANA FL**

2. TITLE: **V** DELETE
NAME: **PATRICK, AVERY A.**
STREET ADDRESS: **RT 4 BOX 468**
CITY, ST, ZIP: **HAVANA FL**

3. TITLE: DELETE

4. TITLE: DELETE

5. TITLE: DELETE

6. TITLE: DELETE

7. TITLE: DELETE

8. TITLE: DELETE

9. TITLE: DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: Change Addition
2. NAME:
3. STREET ADDRESS:
4. CITY, ST, ZIP:
5. TITLE: Change Addition
6. NAME:
7. STREET ADDRESS:
8. CITY, ST, ZIP:
9. TITLE: Change Addition
10. NAME:
11. STREET ADDRESS:
12. CITY, ST, ZIP:
13. TITLE: Change Addition
14. NAME:
15. STREET ADDRESS:
16. 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 changed 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

CR2E034 (12/95)