

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

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AND  
FILED**

95 JUL -5 AM 9:00

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **J94521** (8)

1. Corporation Name  
**RVC SERVICES, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**1348 0621 EAST  
ROBERT V. CAMERON P O BOX 159  
LAKE PLACID FL 33852**

Mailing Address  
**1348 0621 EAST  
ROBERT V. CAMERON P O BOX 159  
LAKE PLACID FL 33852**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21

2a. Mailing Address  
26

22 State, Apt #, etc

27 State, Apt #, etc

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified  
**09/23/1987**

3a. Date of Last Report  
**04/26/1994**

4. FEI Number  
**59-2847133**

Applied For  
Not Applicable

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 franchise tax under § 1907, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**CAMERON, ROBERT V.  
3129 PLACID VIEW DR  
LAKE PLACID FL 33852**

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

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: *Robert V. Cameron*

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>CAMERON, ROBERT V.</b>
STREET ADDRESS	<b>3129 PLACID VIEW DR</b>
CITY, ST, ZIP	<b>LAKE PLACID FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this form is voluntary furnished and does not qualify for the exemption stated in Section 119.07(1)(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 receiver or trustee empowered to prepare this report as required by Chapter 607, Florida Statutes, and that my name appears in block 12 or 13 of this report or on an attachment with an address.

SIGNATURE: *Robert V. Cameron* **Robert V. Cameron** 6-28-95 813-465-6211