

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # K11137 (2)

1. Corporation Name
RX ADVANTAGE, INC.

FILED
1995 JUL 11 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5507 NORTH "W" STREET
PENSACOLA FL 32505

Mailing Address
5507 NORTH "W" STREET
PENSACOLA FL 32505

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/06/1988		3a. Date of Last Report 04/28/1994	
4. FEI Number 59-2999088		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 intangible taxes under s. 199.032, Florida Statutes ☐ Yes ☒ No			

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
8. Name and Address of Current Registered Agent HOLLEY, DENNIS L. 5507 NORTH "W" STREET PENSACOLA FL 32505		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 607.0502 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: *Dennis L. Holley* DATE: 7/6/95
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	PACE, JOE	1.2 NAME	Delete AS OFFICER
STREET ADDRESS	2115 W. 9 MILE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	HOLLEY, DENNIS	2.2 NAME	PRESIDENT DENNIS Holley 5507 North W Street PENSACOLA FL 32505
STREET ADDRESS	5507 NORTH W STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	
NAME	ARNOLD, JACK	3.2 NAME	Delete AS OFFICER
STREET ADDRESS	840 MICHIGAN AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	MURPHY, JAMES E.	4.2 NAME	Delete AS OFFICER
STREET ADDRESS	2476 BONANZA DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	ROSENBLEETH, ARNOLD	5.2 NAME	SECRETARY / TREASURER ARNOLD Rosenbleeth 264 W. Muscogee Road CANTONMENT FL 32533
STREET ADDRESS	264 W. MUSCOGEE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	CLOPTON, JOHN	6.2 NAME	Delete AS OFFICER
STREET ADDRESS	198 N. PALAFOX	6.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	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 amendment with an address.

SIGNATURE: *Dennis L. Holley* DATE: 7/6/95 (904) 432-2892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR