

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K90554** (2)
1. Corporation Name
RX SERVICES CORPORATION



Principal Place of Business: **2200 MARTIN LUTHER KING JR BLVD FORT MYERS FL 33901 US**
Mailing Address: **2200 MARTIN LUTHER KING JR. BLVD FT MYERS FL 33901 US**

3. Date Incorporated or Qualified: **05/24/1989**
3a. Date of Last Report: **04/26/1995**
4. FEI Number: **65-0126097**
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

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
22. Suite, Apt. #, etc. (22)
23. City & State (23)
24. Zip (24) Country (25)
26. Suite, Apt. #, etc. (26)
27. City & State (27)
28. Zip (28) Country (29)

9. Name and Address of Current Registered Agent
**MASSIE, CHARLES A.
14751 EDEN ST
FT MYERS FL 33908**

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 607.0503, Florida Statutes.

SIGNATURE: *Charles Massie* (Signature, typed or printed name of registered agent and, if applicable, the filer) **CHARLES MASSIE** (NOTE: Registered Agent signature required when reinstating) DATE: **1/25/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	MASSIE, CHARLES A.	<input type="checkbox"/> DELETE
NAME		14751 EDEN ST	
STREET ADDRESS		FT MYERS FL	
CITY-ST-ZIP			
TITLE	SD	MASSIE, BETTY A.	<input type="checkbox"/> DELETE
NAME		14751 EDEN STREET	
STREET ADDRESS		FT MYERS FL	
CITY-ST-ZIP			
TITLE	VD	JACOBS, BRUCE P.	<input type="checkbox"/> DELETE
NAME		6799 HIGHLAND PINES CIRCLE	
STREET ADDRESS		FT. MYERS FL	
CITY-ST-ZIP			
TITLE	TD	JACOBS, ROBIN J.	<input type="checkbox"/> DELETE
NAME		6799 HIGHLAND PINES CIRCLE	
STREET ADDRESS		FT. MYERS FL	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 Massie* (Signature and typed or printed name of signing officer or director) **CHARLES MASSIE** DATE: **1/25/96** (941) 332-1612 DAYTIME PHONE #

CR2E034 (12/95)