

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 # **M73569** (9)

1. Corporation Name
R & S SERVICES, INC.



Principal Place of Business: **C/O RALPH PAY, 212 MOBILE PLACE, BRANDON FL 33510**
Mailing Address: **C/O RALPH PAY, 212 MOBILE PLACE, BRANDON FL 33510**

3. Date Incorporated or Qualified: **03/24/1988**
3a. Date of Last Report: **04/21/1995**
4. FEI Number: **59-2931466**
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) and 2a. Mailing Address (26-30) fields with sub-headers for State, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

**PAY, RALPH
212 MOBILE PLACE
BRANDON FL 33511**

10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (FL), Zip Code.

11. Pursuant to the provisions of Sections 607.0509 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 607.0509, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
PD	PAY, RALPH W.	212 MOBILE PLACE	BRANDON FL	
VT	PAY, SANDRA J.	212 MOBILE PLACE	BRANDON FL	
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntary furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 file the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if change of name or address only.

SIGNATURE: *Ralph W. Pay, President* 4/10/96 813-685-4183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)