

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 APR -4 AM 6:24

DO NOT WRITE IN THIS SPACE

**DOCUMENT # P92000013706 (6)**

1. Corporation Name:

**RPC, INC. OF NAPLES**

Principal Place of Business

10265 NORTH TAMiami TRAIL  
SUITE 7  
NAPLES FL 33963

Mailing Address

10265 NORTH TAMiami TRAIL  
SUITE 7  
NAPLES FL 33963

3. Date Incorporated or Qualified **12/21/1992** 3a. Date of Last Report **03/03/1994**

4. FEI Number **65-0382452** 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 tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

21 **5200 N. Tamiami Trail**

2a. Mailing Address

26 **5200 N. Tamiami Trail**

22 Suite, Apt. #, etc **# 102**

27 Suite, Apt. #, etc **# 102**

23 City & State **NAPLES FL**

28 City & State **NAPLES FL**

24 Zip **33940**

25 Country

29 Zip **33940**

30 Country

9. Name and Address of Current Registered Agent

**PARRY, TIMOTHY R  
800 LAUREL OAK DRIVE  
SUITE 500  
NAPLES FL 33963-2738**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

**FL**

B5 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

Signature typed or printed name of registered agent and his / her address

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>LEWALLEN, PHILLIP</b>
STREET ADDRESS	<b>110 DOMINICA LANE</b>
CITY - ST - ZIP	<b>BONITA SPRINGS FL 33923</b>
TITLE	<b>SD</b>
NAME	<b>JENSEN, CLARK D</b>
STREET ADDRESS	<b>126 PINEHURST CIR.</b>
CITY - ST - ZIP	<b>NAPLES FL</b>
TITLE	<b>TD</b>
NAME	<b>BERNIER, RAYMOND</b>
STREET ADDRESS	<b>477 DEVILS LANE</b>
CITY - ST - ZIP	<b>NAPLES 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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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(2)(b), Florida Statutes. I do hereby 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 execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or in an attachment with an address.

SIGNATURE:

*Phillip Lewallen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/95

(813) 643-4474