## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000027299 (4)

R & M SERVICES, INC.

Mailing Address

312 BAILEY LN SARASOTA FL 34237 312 BAILEY LN **SARASOTA FL 34237-4739** 

## **FILED** Apr 14 1997 8:00am Secretary of State



					3. Date Incorporated or Qualified 04/07/1994		te of Last 5/1996	Report
2. Principal Place of Business		2a. Mailing Addres	SS		4. FEI Number		T JA	Applied For
21		26			65-0483498		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Sta	ite	City & State			Election Campaign Financing     Trust Fund Contribution	9 <b>\$5.00</b> May Be Added to Fees		
Zip 24	Country 25	Zip Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Re	gistered A	gent	
MO	YER, RICHARD			81 Name				
	BAILEY LN		82 Street Ad		dress (P.O. Box Number is Not Acceptate	-lo\		
	RASOTA FL 34237		82 Street Ad		aress (P.O. Box Number is Not Acceptat	ne)		
<b>411</b>			l	83				
			l	84 City		FL	<b>85</b> Zip	Code
11. Pursuant office or agent. I a SIGNATURE	to the provisions of Sections 607.0 registered agent, or both, in the Stam familiar with air accept thou	0502 and 607.1508, Florida ate of Horida. Such change floritions of, Section 607.05 when and 151 applicable	i05, Florida Stat کرک	utes. CHARD	poration submits this statement for the patient's board of directors. I hereby acception to the patient of the			its registered s registered
	So all ro, your or minled hains or registined	ation and call applicable		l Agent signature requ	uired when reinstating)	DATE		
12.	OFFICERS,	AND DIVECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	MOVED DICHARD	ן וועננ					Change	
NAME	MOYER, RICHARD		1.2 NA	· ·				
STREET ADDRESS	312 BAILEY LN			REET ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34237			TY-ST-ZIP				
TITLE	1	DELE				· ·	Change	Addition
NAME	}		22 NA					
STREET ADDRESS				REE1 ADDRESS				
CITY-ST-ZIP		D bru		TY-S1-ZIP			0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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NAME			3.2 NA					
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CITY-ST-ZIP				[Y-SI-ZIP				
TITLE		DELE				l	Change	Addition
NAME	}		5.2 NA	Ϋ́				
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CITY-ST-ZIP				Y-S1-ZIP			-1-2.	<del> </del>
TITLE		DETE		Y		į	Change	Addition
NAME			6.2 NA	ME				
STREET ADDRESS			6.3 \$1	KELT ADDRESS				
CITY-ST-ZIP			6.4 CIT	Y-51-ZIP				
-								

I do hereby certify that the information supplied with this filing doos not qualify for the exemption stated in Section 119.07(3)(i), 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 in an attachment with an address.