

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

INCORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
REGISTRATION
Division of State
1995 ANNUAL REPORT

APPROVED
AND
FILED

SATURDAY 17 APRIL 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000061075 (5)

MEDICAL COPYCO, INC.

1. Name of Corporation	2. Mailing Address		
1 CHELSEA LANE BOYNTON BEACH FL 33462	1 CHELSEA LANE BOYNTON BEACH FL 33462		
3. Date of Incorporation	4. File Number		
21	26		
State: Appt. # 1	State: Appt. # 1		
22	27		
City, State	City, State		
23	28		
5. Corporation has liability for charitable tax under s. 107(3)(B) Florida Statute	6. Election Campaign Financing Trust Fund Contribution		
24	25	29	30
7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent		
SAYLES, KAREN 1 CHELSEA LANE BOYNTON BEACH FL 33462	81. Name 82. Street Address (P.O. Box Number Is Not Acceptable) 83. 84. City		
85. Zip Code	FL		

10. (10) Blank for filing space
3. Date of incorporation (if 2nd and 3rd blank) 3a. Date of Last Report
08/15/1994

4. File Number	5. Certificate of Status Desired	6. Election Campaign Financing Trust Fund Contribution	7. Does corporation have liability for charitable tax under s. 107(3)(B) Florida Statute
65-0513981	<input type="checkbox"/> \$0.75 Additional Fee Required	<input type="checkbox"/> \$5.00 May Be Added to Fees	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

11. Pursuant to the provisions of Sections 871 and 807, 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 operation of Section 870 of the Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
101. NAME STREET ADDRESS CITY, STATE, ZIP	11. NAME 12. NAME 13. NAME 14. CITY, STATE, ZIP
102. NAME STREET ADDRESS CITY, STATE, ZIP	15. NAME 16. NAME 17. NAME 18. CITY, STATE, ZIP
103. NAME STREET ADDRESS CITY, STATE, ZIP	19. NAME 20. NAME 21. NAME 22. CITY, STATE, ZIP
104. NAME STREET ADDRESS CITY, STATE, ZIP	23. NAME 24. NAME 25. NAME 26. CITY, STATE, ZIP
105. NAME STREET ADDRESS CITY, STATE, ZIP	27. NAME 28. NAME 29. NAME 30. CITY, STATE, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and true, and comply with the requirements stated in Chapter 199 of the 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 that no one is further empowered to make the report as required by Chapter 199, Florida Statutes, and that my name appears on Block 12 or Block 13 of chapter 199 after having been sworn or affirmed.

SIGNATURE: *Karen A. Sayles* KARONA SAYLES 3/28/95 969-6225
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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CORPORATION
ANNUAL REPORT

1995

5-11-95 B-6685 C

APPROVED

DOCUMENT # P94000061509 (3)

1. Corporation Name

RAPSON BAKERIES, INC.

2. Street Address or Post Office Box Number

951 CAMELOT ROAD
MAITLAND FL 32751

3. Mailing Address

951 CAMELOT ROAD
MAITLAND FL 32751

2a. Principal Place of Business

21 State Apt. # etc

22 City & State

23 City & State

24 City & State

2b. Mailing Address

26 State Apt. # etc

27 City & State

28 City & State

29 City & State

30 City & State

3a. Date Incorporation or Organized

3b. Date of Last Filing

08/18/1994

59 32986379

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Finance Trust Fund Contribution

\$5.00 May Be

Added to Fees

7. This corporation has authority to transact business under Florida Statutes

No

9. Name and Address of Current Registered Agent

RAPSON, LINDA B
951 CAMELOT ROAD
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name

82 Street Address, if P.O. Box Number is Not Acceptable

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of the Florida Statutes and the Florida Statute, the above-named corporation submits the 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 for this corporation pursuant to the provisions of Chapter 631 of the Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

D
RAPSON, LINDA B
951 CAMELOT ROAD
MAITLAND FL 32751

P.D ADD

RAPSON, LINDA B.
951 CAMELOT RD.
MAITLAND, FL 32751

NMM
1000114000

V.P ADD

RAPSON, RICHARD C. JR.
951 CAMELOT RD
MAITLAND, FL 32751

NMM
1000114000

1000114000 ADD

RAPSON, RICHARD C.
951 CAMELOT RD
MAITLAND, FL 32751

NMM
1000114000

1000114000 ADD

RAPSON, RICHARD C.
951 CAMELOT RD
MAITLAND, FL 32751

NMM
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RAPSON, RICHARD C.
951 CAMELOT RD
MAITLAND, FL 32751

NMM
1000114000

1000114000 ADD

RAPSON, RICHARD C.
951 CAMELOT RD
MAITLAND, FL 32751

SIGNATURE: LINDA B. RAPSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda B. Rapson 5/28/95 (407) 647-6550

004181 CF