FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

MAY -1 PM 1:41

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 181910 (1)

1. Corporate Name

DRUG SHOP, INC.

Principal Place of Business: 2040 NORTH 12TH AVENUE, PENSACOLA FL 32503

Mailing Address: 2040 NORTH 12TH AVENUE, PENSACOLA FL 32503

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified: 12/01/1954

3a. Date of Last Report: 04/29/1994

4. FEI Number: 59-0737794 — 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

9. Name and Address of Current Registered Agent

WHIGHAM, M W
1305 NORTH 12TH AVE
PENSACOLA FL 32503

10. Name and Address of New Registered Agent

81 Name

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

83

84 City FL 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 s. 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WHIGHAM,M W
STREET ADDRESS	1305 N 12TH AVE
CITY-ST-ZIP	PENSACOLA FL
TITLE	D
NAME	WHIGHAM JR,MARSHALL W
STREET ADDRESS	4221 CHERRY LAUREL DR
CITY-ST-ZIP	PENSACOLA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is adequately furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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: M.W. Whigham 4/26/95 (904) 4330031
M. W. WHIGHAM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0469160 FP