FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **181910** **(1)**

1. Corporation Name

DRUG SHOP, INC.

Principal Place of Business

2040 NORTH 12TH AVENUE
PENSACOLA FL 32503

Mailing Address

2040 NORTH 12TH AVENUE
PENSACOLA FL 32503

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

3a. Date of Last Report: **05/01/1995**

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

2. Principal Place of Business
21 Street Address
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26 Street Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

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, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE _____

12. OFFICER AND DIRECTORS

TITLE **PD**
NAME **WHIGHAM,M W**
STREET ADDRESS **1305 N 12TH AVE**
CITY ST ZIP **PENSACOLA FL**
[ ] DELETE

TITLE **D**
NAME **WHIGHAM JR,MARSHALL W**
STREET ADDRESS **4221 CHERRY LAUREL DR**
CITY ST ZIP **PENSACOLA FL**
[ ] DELETE

TITLE
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STREET ADDRESS
CITY ST ZIP
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[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
[ ] Change [ ] Addition

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STREET ADDRESS
CITY ST ZIP
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CR2E034 (12/95)

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(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 a 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, added or deleted.

SIGNATURE: M W Whigham 2/28/96 PRESIDENT (904) 433 0031

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone Number

M W WHIGHAM