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 # **333670** **(8)**

1. Corporation Name
WEBB'S FORT MYERS PRESCRIPTION SHOP, INC.

Principal Place of Business
3594 S. BROADWAY
FT. MYERS FL 33901

Mailing Address
3594 S. BROADWAY
FT. MYERS FL 33901

3. Date Incorporated or Qualified: 08/12/1968
3a. Date of Last Report: 01/20/1995

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

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

4. FEI Number: 59-1217768 ☐ 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

WEBB, MILAM ROSS
18356 DEEP PASSAGE LANE
FT MYERS FL 33931

Same

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: Milam Ross Webb — Date: 1/16/96

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City, St, Zip	
P	WEBB, MILAM ROSS	18356 DEEP PASSAGE LANE	FT. MYERS, FL 33931	☐ DELETE
ST	WEBB, STEPHANIE	18356 DEEP PASSAGE LANE	FT. MYERS, FL 33931	☐ DELETE
V	TILSON, STEVE	1431 MANDEL	FT. MYERS, FL 33901	☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY, ST, ZIP	☐ Change ☐ Addition	
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY, ST, ZIP	☐ Change ☐ Addition	
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY, ST, ZIP	☐ Change ☐ Addition	
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY, ST, ZIP	☐ Change ☐ Addition	
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY, ST, ZIP	☐ Change ☐ Addition	
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY, ST, ZIP	☐ Change ☐ Addition	

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)(x), 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 on an attachment with an address.

SIGNATURE: Milam Ross Webb — MILAM ROSS WEBB — Date: 1/16/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone: 941-939-1518

CR2E034 (12/95)