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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 23 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 333670

(8)

WEBB'S FORT MYERS PRESCRIPTION SHOP, INC.

Principal Place of Business Mailing Address					•••			Bilbul miffil milliu di		
3594 S. BROADWAY FT. MYERS FL 33901			3594 S. BROADWAY FT. MYERS FL 33901-8017							
							3. Date Incorporated or Qualified 08/12/1968	3a. Date of 01/23/1		eport
2. Principal Pl	ace of Business	2a. 1	Mailing Address				4. FEI Number		Ap	plied For
21		26		,,			59-1217768			t Applicable
Suite, Apt. (22		27	Suite Apt. #, etc.	_			5. Certificate of Status Desired	1 7	3.75 A Fee Re	dditional quired
City & State			City & State				6. Election Campaign Financing	_ '		May Be
23	Country	28					Trust Fund Contribution	:	Added t	
Zφ	Country Zip			30	лшу		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
24	25 9. Name and Address of Current	25 29 30 Name and Address of Current Registered Agent			Τ		10. Name and Address of New Registered Agent			
WFR	B, MILAM ROSS				81	Name			<u> </u>	
	6 DEEP PASSAGE LANE				82	Ctroot Add	trans (D.O. Boy Number in Mot Assessable			
	IYERS FL 33931				82	Street Add	ress (P.O. Box Number is Not Acceptat	He)		
, ,					83					
					84	City		FL B5	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. SIGNATURE. SIGNATURE Specification of the purpose of changing its registered agent and tech applicable. INOTE. Registered Agent signature required when reinstating) DATE										
12.	OFFICERS AND	DIRECT		13.			ADDITIONS/CHANGES TO OFFIC			
TiT) E	P		L_] DELETE	1.1 (ITLE			L.J (Change	☐ Addition
NAME	WEBB, MILAM ROSS			1.2 N	AME	ŀ				
STREET ADORESS	18356 DEEP PASSAGE LANE					ADDRESS				1
CITY-ST-ZIP TITLE	FT. MYERS, FL 33931		DELETE	1.4 C 2.1 T		T-ZiP			Change	Addition
NAME	WEBB, STEPHANIE			22 N		}		ا	mange	
STREET ADDRESS	18356 DEEP PASSAGE LANE			4		AODRESS				ļ
CITY- ST-ZIP	FT. MYERS, FL 33931					ST · ZIP				l
TITLE	V		DELETE	3.1 T		31.54			Change	Addition
NAME	TILSON, STEVE			3.2 N	AME					
STREET ADDRESS	1431 MANDEL			3.3 S	TREET	ADDRESS				
CITY-ST-ZIP	FT. MYERS, FL 33901			3.4. (CITY-S	ST-ZIP				
TITLE			DELETE	4.1 T	ITLE				Change	Addition
NAME				4.21	NAME	Ì				Ì
STREET ADDRESS				4.3 \$	TREET	ADDRESS				
CITY - ST - ZIP						T-ZIP		F-1		
TALE			L DELETE	51T				LJ	Change	L Addition
NAME				5.2 N						
STREET ADDRESS						ADDRESS				
CITY-S1-ZIP			DELETE			ST-ZIP			Change	Addition
TITLE			F DETELE	61 T 62 N			•	السا	วกลานิย	ווטוווטטא ניים
NAME CYDLLI ADODECC						ADDRESS				-
STREET ADDRESS										ŀ
informatio	n indicated on this annual report or s	uppleme	otal annual report is:	lify for the	exe acci	urate and tha	ed in Section 119.07(3)(i), Florida Statute at my signature shall have the same lega	al effect as if m	ade un	der oath: that I
I am an of appears it	flicer or director of the corporation or n Block 12 or Block 13 if changed, or	the recei	ver är trustee empor Vichment with an ad	wered to idress.	exec	cute this repo	ort as required by Chapter 607, Florida s	Statutes; and th	ial my r	ame