

Amended #61.25

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 APR 10 AM 11:36

DOCUMENT # **429337**

1. Corporation Name

**CANTONMENT PHARMACY, INC.**

Principal Place of Business

Mailing Address

**433 Hwy 29 South  
Cantonment, FL 32533**

**Same  
Same**

3. Date Incorporated or Qualified

3a. Date of Last Report

**1997**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**John T. Reading, Sr.**

**433 Hwy 29 South  
Cantonment, Florida 32533**

81 Name

**same**

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

**same**

83

84 City

**same**

**FL**

85 Zip Code

**325**

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 of officer or director of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

NAME

**John T. Reading, Jr.**

1.2 STREET ADDRESS

1.3 CITY - ST - ZIP

1.4 TITLE

NAME

**DEborah Bass Reading**

1.5 STREET ADDRESS

1.6 CITY - ST - ZIP

1.7 TITLE

NAME

1.8 STREET ADDRESS

1.9 CITY - ST - ZIP

1.10 TITLE

NAME

1.11 STREET ADDRESS

1.12 CITY - ST - ZIP

1.13 TITLE

NAME

1.14 STREET ADDRESS

1.15 CITY - ST - ZIP

1.16 TITLE

NAME

1.17 STREET ADDRESS

1.18 CITY - ST - ZIP

1.19 TITLE

NAME

1.20 STREET ADDRESS

1.21 CITY - ST - ZIP

1.22 TITLE

NAME

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Change ☒ Addition

Change ☒ Addition

Change ☒ Addition

Change ☒ Addition

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

904-968-9992

CR2E034 (9/96)