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**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90001 005 \*\*\*211.25

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 567267  
 1. Corporation Name  
**FLORIDA PHARMACY JOURNAL, INC.**



Principal Place of Business Mailing Address  
 610 N. ADAMS STREET 610 N. ADAMS STREET  
 TALLAHASSEE FL 32301 TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**04/01/1978**

4. FEI Number **59-1845552** 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 owes the current year Intangible Personal Property Tax.  Yes  No

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 29 30

9. Name and Address of Current Registered Agent  
**JACKSON, MICHAEL A**  
**610 NO ADAMS STREET**  
**TALLAHASSEE FL 32301**

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 *Michael A. Jackson* **MICHAEL A. JACKSON** **1/15/98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | V                       | <input type="checkbox"/> DELETE |
| NAME           | ZAENGER, PEGGY A PHARM  |                                 |
| STREET ADDRESS | 2708 SAINT JOHNS AVE    |                                 |
| CITY-ST-ZIP    | JACKSONVILLE FL 32205   |                                 |
| TITLE          | DS                      | <input type="checkbox"/> DELETE |
| NAME           | TUELL, KEN              |                                 |
| STREET ADDRESS | 737-C POINTE C          |                                 |
| CITY-ST-ZIP    | TALLAHASSEE FL          |                                 |
| TITLE          | MD                      | <input type="checkbox"/> DELETE |
| NAME           | JACKSON, MICHAEL A      |                                 |
| STREET ADDRESS | 6440 JUSTIN GRANT TRAIL |                                 |
| CITY-ST-ZIP    | TALLAHASSEE FL 32308    |                                 |
| TITLE          | C                       | <input type="checkbox"/> DELETE |
| NAME           | ASTLE, BETTY            |                                 |
| STREET ADDRESS | 747 TIMUQUANA LANE      |                                 |
| CITY-ST-ZIP    | PALM HARBOR FL 34683    |                                 |
| TITLE          | DS                      | <input type="checkbox"/> DELETE |
| NAME           | DALIN, GAREY            |                                 |
| STREET ADDRESS | 4030 LANSINE AVE        |                                 |
| CITY-ST-ZIP    | COOPER CITY FL 33026    |                                 |
| TITLE          |                         | <input type="checkbox"/> DELETE |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | <b>D/T TUELL, KEN</b>  |
| 2.3 STREET ADDRESS | <b>737-C POINTE C</b>  |
| 2.4 CITY-ST-ZIP    | <b>TALLAHASSEE, FL</b>   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 6.4 CITY-ST-ZIP    |  |

14. I hereby certify that the information supplied with this filing 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 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, with all other like empowered.

SIGNATURE: *Michael A. Jackson* **MICHAEL A. JACKSON** **1/15/98** **(850) 222-2400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)