

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Jun 22 1996 8:00 am
Secretary of State

DOCUMENT # **F94000004242**

1. Corporation Name
Delta Pharmacy Services, Inc.

Principal Place of Business Mailing Address
**2573 Government Boulevard
Mobile, AL 36606**

3. Date Incorporated or Qualified **8/16/94** 3a. Date of Last Report: **6/5/95**
4. FEI Number **59-3248505** 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

2. Principal Place of Business 2a. Mailing Address
21 **2573 Government Blvd** 26 **Same**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Mobile, AL** 28
Zip Country Zip Country
24 **36606** 25 **Mobile** 29 30

9. Name and Address of Current Registered Agent

**CT Corporation
1200 S. Pine Island Road
Plantation, FL 33324**

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 _____ (NOTE: Registered Agent signature required when installing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	President <input type="checkbox"/> DELETE
NAME	Scott J. Bell
STREET ADDRESS	3709 Ceylon Drive
CITY-ST-ZIP	Gulf Breeze, FL 32561
TITLE	Vice President <input type="checkbox"/> DELETE
NAME	David Fulton
STREET ADDRESS	639 Spanish Main
CITY-ST-ZIP	Spanish Fort, AL 36527
TITLE	Secretary <input type="checkbox"/> DELETE
NAME	Dana R. Foster
STREET ADDRESS	2330 Arriviste Way
CITY-ST-ZIP	Pensacola, FL 32504
TITLE	Treasurer <input type="checkbox"/> DELETE
NAME	John J. Tolan Jr.
STREET ADDRESS	4109 Brittany Place
CITY-ST-ZIP	Pensacola, FL 32504
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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*****233.75**

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)(k), 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: **SCOTT J. BELL, PRESIDENT**

5/29/96 **904-432-0650**

CR2E034 (12/95)