

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 # **H78562** (6)

1. Corporation Name
THE TOWERS PHARMACY, INC.



Principal Place of Business	Mailing Address
% SHARON BROOKS 1717 N "E" ST., SUITE 320 PENSACOLA FL 32501-6335	% SHARON BROOKS 1717 N "E" ST., SUITE 320 PENSACOLA FL 32501-6335

3. Date Incorporated or Qualified 10/01/1985	3a. Date of Last Report 01/24/1995
4. FEI Number 59-0057322	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**RANELLI, EDWARD
1717 N. "E" STREET
SUITE 320
PENSACOLA FL 32501**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	RANELLI, EDWARD	
STREET ADDRESS	4650 AVENIDA MARINA	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	BRANNEN, CHARLES, C	
STREET ADDRESS	3485 BOOKSHIRE DR	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STAMITOLES, MICHAEL	
STREET ADDRESS	930 COMMONWEALTH RD.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MCGEE, ELEANOR	
STREET ADDRESS	1540 GLENNA LANE	
CITY-ST-ZIP	CANTONMENT FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BROOKS, SHARON M	
STREET ADDRESS	5849 PEBBLE RIDGE DR	
CITY-ST-ZIP	MILTON FL	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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: _____ DATE: **1/25/96** DAYTIME PHONE #: **904/469-2339**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)