

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 26 PM 3:57

DOCUMENT # 182185 (9)
1. Corporation Name
COOPERS DRUGS INC

Principal Place of Business
700 E. BUSINESS HWY. 90
PANAMA CITY FL 32401

Mailing Address
700 E BUSINESS HWY 90
PANAMA CITY FL 32401
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/01/1955	3a. Date of Last Report 05/01/1994
4. FBI Number 59-0730699	Applied For Not Applicable
6. 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 B. 100.03, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent

MCLEHENY, LORIE E
808 SKYLAND DR.,
PANAMA CITY FL 32402

10. Name and Address of New Registered Agent

01. Name
02. Street Address (P.O. Box Number is Not Acceptable)
03.
04. City
05. State
06. Zip Code

11. Pursuant to the provisions of Sections 607.05-07 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 607.05-05, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCLEHENY, LORIE
STREET ADDRESS	808 SKYLAND DR.
CITY - ST - ZIP	PANAMA CITY FL
TITLE	V
NAME	MCLEHENY, RANDALL
STREET ADDRESS	408 S. BONITA AVE.
CITY - ST - ZIP	PANAMA CITY FL
TITLE	ST
NAME	MCLEHENY, MARTHA ANN
STREET ADDRESS	808 SKYLAND DR.
CITY - ST - ZIP	PANAMA CITY FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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 hereby certify that the information supplied with this filing is voluntarily furnished and correct and genuine for the reasons stated in Sections 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 or assignee or have an employment to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Randall McLeheny* 1/20/95 704-785-2104
RANDALL MCLEHENY