

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 30 AM 9:15

DOCUMENT # 189356 (9)

1. Corporation Name

BROADWAY PHARMACY INC

Principal Place of Business

916 BROADWAY  
DUNEDIN FL 34698

Mailing Address

916 BROADWAY  
DUNEDIN FL 34698

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/05/1955

3a. Date of Last Report  
03/18/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

4. FEI Number

59-0760917

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

Trust Fund Contribution

☐

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☐ No

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GROVES, EDWIN D  
916 BROADWAY  
DUNEDIN FL 34698

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when instituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                 |
|----------------|-----------------|
| TITLE          | PD              |
| NAME           | GROVES, EDWIN D |
| STREET ADDRESS | 1130 FAIRWAY DR |
| CITY, ST, ZIP  | DUNEDIN FL      |
| TITLE          |                 |
| NAME           |                 |
| STREET ADDRESS |                 |
| CITY, ST, ZIP  |                 |
| TITLE          |                 |
| NAME           |                 |
| STREET ADDRESS |                 |
| CITY, ST, ZIP  |                 |
| TITLE          |                 |
| NAME           |                 |
| STREET ADDRESS |                 |
| CITY, ST, ZIP  |                 |
| TITLE          |                 |
| NAME           |                 |
| STREET ADDRESS |                 |
| CITY, ST, ZIP  |                 |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |                                                                   |
| 3. STREET ADDRESS  |                                                                   |
| 4. CITY, ST, ZIP   |                                                                   |
| 21. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME           |                                                                   |
| 23. STREET ADDRESS |                                                                   |
| 24. CITY, ST, ZIP  |                                                                   |
| 31. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32. NAME           |                                                                   |
| 33. STREET ADDRESS |                                                                   |
| 34. CITY, ST, ZIP  |                                                                   |
| 41. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42. NAME           |                                                                   |
| 43. STREET ADDRESS |                                                                   |
| 44. CITY, ST, ZIP  |                                                                   |
| 51. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52. NAME           |                                                                   |
| 53. STREET ADDRESS |                                                                   |
| 54. CITY, ST, ZIP  |                                                                   |
| 61. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62. NAME           |                                                                   |
| 63. STREET ADDRESS |                                                                   |
| 64. 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 110.07(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:

Edwin D. Groves EDWIN D GROVES

3-15-95

813-733-4181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Telephone Number