FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 MAR -1 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 214425 (1)

1. Corporation Name

PFEIFFER DRUGS INC

Principal Place of Business	Mailing Address
2501 W. CERVANTES STREET PENSACOLA FL 32505	2501 W. CERVANTES STREET PENSACOLA FL 32505

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

3. Date Incorporated or Qualified: 08/07/1958
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-0859874 ☐ 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

9. Name and Address of Current Registered Agent

PFEIFFER,M K
2501 W. CERVANTES ST.
PENSACOLA FL 32505

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 X [signature] DATE X 2-27-95

(Signature, typed or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PFEIFFER,M K
STREET ADDRESS	1545 BAYSHORE LANE
CITY-ST-ZIP	PENSACOLA FL
TITLE	D
NAME	MOHR,WILDA P
STREET ADDRESS	135 BAYSHORE DRIVE
CITY-ST-ZIP	PENSACOLA FL
TITLE	S
NAME	PFEIFER, H S
STREET ADDRESS	1545 BAYSHORE LANE
CITY-ST-ZIP	PENSACOLA FL
TITLE	D
NAME	PFEIFFER,H S
STREET ADDRESS	1545 BAYSHORE LANE
CITY-ST-ZIP	PENSACOLA FL
TITLE	D
NAME	SIEGEL, MARTHA C
STREET ADDRESS	3701 SW 84TH ST
CITY-ST-ZIP	GAINESVILLE FL
TITLE	D
NAME	SIEGEL, BRENT G
STREET ADDRESS	3701 SW 84TH ST
CITY-ST-ZIP	GAINESVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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: [signature] 2-27-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #: 904-433-5464

0387430 CP