Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

Not Applicable

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 214425

Country

9. Name and Address of Current Registered Agent

25

Suite, Apt. #, etc.

City & State

21

22

24

PFEIFFER DRUGS INC

| Principal Place of Business                    | Mailing Address                                |  |  |  |  |
|--|--|--|--|--|--|
| 2501 W. CERVANTES STREET<br>PENSACOLA FL 32505 | 2501 W. CERVANTES STREET<br>PENSACOLA FL 32505 |  |  |  |  |
|  |  |  |  |  |  |
| 2. Principal Place of Business                 | 2a. Mailing Address                            |  |  |  |  |

26

27

28

Suite, Apt. #, etc.

City & State

Zip

**FILED** Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90235 016 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

Personal Property Tax.

8. This corporation owes the current year Intangible Personal Property Tax.

10. Name and Address of New Registered Agent

08/07/1958 4. FEI Number

59-0859874

| 2501 W. CERVANTES ST.  PENSACOLA FL 32505  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.   |                                       |   | 01                  | name  |               |  |                    | Į                       |             |
|--|---------------------------------------|---|---------------------|---|---------------|--|--------------------|-------------------------|-------------|
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statuties, 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, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment agent 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 agent 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 agent registered agent |                                       |   | 82                  | 82 Street Address (P.O. Box Number is Not Acceptable) |               |  |                    |                         |             |
| 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 of the registered agent and the registered agent are of the purpose of changing its registered agent are 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 of the registered agent are of the purpose of changing its registered agent are registered agent are registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.    Signature, typed or printed name of registered agent and of the registered agent are registered agent are registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.    Signature, typed or printed name of registered agent and of the registered agent are registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.    Signature, typed or printed name of registered agent and offer agent age | PENS                                  | SACOLA FL 32505   |                     | 83  |               |  |                    |                         |             |
| 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 of the registered agent and the registered agent are of the purpose of changing its registered agent are 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 of the registered agent are of the purpose of changing its registered agent are registered agent are registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.    Signature, typed or printed name of registered agent and of the registered agent are registered agent are registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.    Signature, typed or printed name of registered agent and of the registered agent are registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.    Signature, typed or printed name of registered agent and offer agent age |                                       |   |                     | 84  | City          |  | 85 2               | in Code                 |             |
| 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 Statuted.    Signature   Possible   P |                                       |   | _                   |   | ,             |  | $\perp$            | •                       |             |
| Signature, typed or privind name of registrates agent and title if applications. (INDTE: Replaced Agent and spile if applications.)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PREFERM K  12. NAME  PREFERM K  12. NAME  12. NAME  PREFERM K  12. NAME  13. STREET ADDRESS  1545 BAYSHORE LANE  1545 BAYSHORE LANE  1545 BAYSHORE DRIVE  PENSACOLA FL  TITLE  D  | office or re                          | egistered agent, or both, in the State of Florida, Such | change was author   | orized by   | the corp      | corporation submits this statement for the purpose of coration's board of directors. I hereby accept the appoint | hanging<br>tment a | its regis<br>s register | tered<br>ed |
| 13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  | SIGNATURE                             |   | MOTS P              | tite ind Asses  | 4 alaaah wa   | DATE   |                    |                         | _           |
| PP   PFEIFFER,M K   12 NAME   13 STREET ADDRESS   14 CITY-ST-ZIP   1545 BAYSHORE LANE   14 CITY-ST-ZIP   1545 BAYSHORE LANE   15 STREET ADDRESS    | 12                                    |   | (NOTE: Re           |   | t signature i | 3)   | D DIREC            | CTORS II                | N 12        |
| PFEIFFER.M K   | ————————————————————————————————————— |   | □ DELETE            |   |               | 7,001170107017111020 10 0717021101111  |                    |                         |             |
| 1545 BAYSHORE LANE   |                                       | · <del>-</del>  |                     |   |               |  |                    |                         | ·           |
| DELETE   S   |                                       |   |                     |   | ANDRESS       |  |                    |                         | Ì           |
| DELETE   DELETE   Change   Addition  |                                       |   |                     |   |               |  |                    |                         | ,           |
| MOHR, WILDA P  135 BAYSHORE DRIVE PENSACOLA FL  22 NAME  23 STREET ADDRESS PENSACOLA FL  24 CITY-ST-ZIP  TITLE S STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  D D DELETE 31 TITLE 32 NAME 33 STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP NAME PFEIFFER, H S 124 NAME 1545 BAYSHORE LANE PENSACOLA FL  10 DELETE 41 TITLE D D DELETE 51 TITLE D Change Addition STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS STREET ADRESS STREET ADDRESS STRE |                                       |   | □ DELETE            |   | 1+ZIP         |  | ☐ Chan             | ge 🗆                    | Addition    |
| STREET ADDRESS   135 BAYSHORE DRIVE  |                                       | _   | _ bellie            |   |               |  |                    | <b>з</b> - <u> </u>     |             |
| DELETE   CITY-ST-ZIP   PENSACOLA FL  |                                       | ***************************************                 |                     |   | r ADODESS     |  |                    |                         |             |
| DELETE   S   |                                       |   |                     |   |               |  |                    |                         |             |
| NAME   |                                       |   | □ DELETE            |   | 1-ZIP         |  | ☐ Chan             | ae 🗆                    | Addition    |
| 1545 BAYSHORE LANE   |                                       |   | _ beec.e            |   |               |  |                    |                         |             |
| DELETE   Street address   Street addre   |                                       |   |                     |   | ADDESS        |  |                    |                         |             |
| DELETE   D   |                                       |   |                     |   |               |  |                    |                         |             |
| NAME PFEIFFER,H S STREET ADDRESS 1545 BAYSHORE LANE PENSACOLA FL 4.2 NAME 4.3 STREET ADDRESS PENSACOLA FL 4.4 CITY-ST-ZIP  DELETE 5.1 TITLE D Change Addition SIEGEL, MARTHA C 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP  TITLE D Change Addition Addition Change CHY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 6.3 STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 6.4 CITY-ST-ZIP   |                                       |   | □ DELETE            |   | I-ZIP         |  | ☐ Chan             | ge 🗀                    | Addition    |
| STREET ADDRESS CITY-ST-ZIP PENSACOLA FL  1545 BAYSHORE LANE PENSACOLA FL  1571 D  1572 D  1574 D  1575 D  1575 D  1576 |                                       | _   |                     |   |               |  |                    | J                       |             |
| DELETE   D   |                                       |   |                     |   | , vuodess     |  |                    |                         |             |
| DELETE   |                                       |   |                     |   |               |  |                    |                         |             |
| SIEGEL, MARTHA C   |                                       |   | □ DELETE            |   | 1-ZIF         |  | Char               | ge [                    | 1 Addition  |
| STREET ADDRESS   3701 SW 84TH ST   5.3 STREET ADDRESS   5.4 CITY-ST-ZIP     5.1 TITLE   D  |                                       | <del>-</del> .  |                     |   |               |  | _                  | -                       |             |
| CITY-ST-ZIP   GAINESVILLE FL   54 CITY-ST-ZIP  |                                       |   |                     | 5.3 STREET  | ADDRESS       |  |                    |                         |             |
| TITILE         D         DELETE         6.1 TITLE         Change         Addition           NAME         SIEGEL, BRENT G         6.2 NAME         6.2 NAME         6.3 STREET ADDRESS         5.3 STREET ADDRESS         5.3 STREET ADDRESS         5.4 CITY-ST-ZIP         6.4 CITY-ST-ZIP         6.4 CITY-ST-ZIP         6.5 TITLE         6.5 TITLE         6.6 CITY-ST-ZIP         6.5 TITLE         6.5 TITLE         6.6 CITY-ST-ZIP         6.5 TITLE         6.7 TITLE  |                                       |   |                     |   |               |  |                    |                         |             |
| NAME SIEGEL, BRENT G 62 NAME STREET ADDRESS 3701 SW 84TH ST 6.3 STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 6.4 CITY-ST-ZIP  |                                       |   | □ DELETE            | 6.1 TITLE   |               |  | ☐ Channe           | ae F                    | 1 Addition  |
| STREET ADDRESS  3701 SW 84TH ST  GAINESVILLE FL  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  | ļ                                     | <del>-</del>  |                     | 6.2 NAME  |               |  |                    | -                       |             |
| CITY-ST-ZIP GAINESVILLE FL 64 CITY-ST-ZIP  |                                       | •   |                     | 6.3 STREET  | ADDRESS       |  |                    |                         |             |
|  |                                       |   |                     |   |               |  |                    |                         |             |
|  |                                       |   | not qualify for the |   |               | d in Section 119.07(3)(i), Florida Statutes. I further cert  | ify that t         | ne inform               | <br>nation  |

Country

30

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 chapged, or on an attachment with an address, with all other like empowered.

SIGNATURE: X