

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

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

03-11-1999 90235 016 ***150.00

0536653

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 214425

1. Corporation Name
PFEIFFER DRUGS INC

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

Mailing Address
**2501 W. CERVANTES STREET
PENSACOLA FL 32505**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/07/1958

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

Country

29

30

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 owes the current year Intangible
Personal Property Tax. ☒ 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PFEIFFER, M K	
STREET ADDRESS	1545 BAYSHORE LANE	
CITY-ST-ZIP	PENSACOLA FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MOHR, WILDA P	
STREET ADDRESS	135 BAYSHORE DRIVE	
CITY-ST-ZIP	PENSACOLA FL	

TITLE	S	<input type="checkbox"/> DELETE
NAME	PFEIFER, H S	
STREET ADDRESS	1545 BAYSHORE LANE	
CITY-ST-ZIP	PENSACOLA FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	PFEIFFER, H S	
STREET ADDRESS	1545 BAYSHORE LANE	
CITY-ST-ZIP	PENSACOLA FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SIEGEL, MARTHA C	
STREET ADDRESS	3701 SW 84TH ST	
CITY-ST-ZIP	GAINESVILLE FL	

TITLE	D	<input type="checkbox"/> DELETE
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	<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 does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-1-99 850-433-5404

CR2E034 (11/98)