

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **236836** (3)

1. Corporation Name  
**VILLAGE SQUARE PHARMACY, INC.**



Principal Place of Business  
**1761 MITCHELL CT  
DAYTONA BEACH FL 32124**

Mailing Address  
**1761 MITCHELL CT  
DAYTONA BEACH FL 32124**

3. Date Incorporated or Qualified **05/23/1960** 3a. Date of Last Report **04/11/1995**

4. FEI Number **59-0906535** 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

2. Principal Place of Business

21. Suite, Apt. #, etc

22. City & State

23. Zip

24. Country

25. County

2a. Mailing Address

26. Suite, Apt. #, etc

27. City & State

28. Zip

29. Country

30. County

9. Name and Address of Current Registered Agent  
**BARNETT, WILLIAM M.  
1761 MITCHELL CT  
DAYTONA BEACH FL 32124**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code

11. Pursuant to the provisions of Sections 607.01(2) and 607.19(2), Florida Statutes, the above named corporation submits its 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 provisions of Section 607.01(2), Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BARNETT, WILLIAM M.	
STREET ADDRESS	1761 MITCHELL CT	
CITY- ST- ZIP	DAYTONA BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BARNETT, MARY JO	
STREET ADDRESS	1761 MITCHELL CT	
CITY- ST- ZIP	DAYTONA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY- ST- ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY- ST- ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY- ST- ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY- ST- ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY- ST- ZIP	

14. I do hereby certify that the information supplied is true and correct and does not qualify for the exemption stated in Section 119.07(3)(a), 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 records to be filed are owned by, or under the control of, this corporation as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change of, or on an addition to, an officer.

SIGNATURE: *William M. Barnett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-96 904-760-3156

CR2E034 (12/95)