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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 273813

1. Corporation Name
APOTHECARY INCORPORATED

(6)

Principal Place of Business
833 FOURTH AVENUE NORTH
NAPLES FL 33940

Mailing Address
833 FOURTH AVENUE NORTH
NAPLES FL 33940

FILED
95 JUN 25 PM 2:40
SECRETARY OF STATE
TALLEHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22 City & State

27

City & State

23 Zip

28

City & State

24 Country

29

Country

9. Name and Address of Current Registered Agent

TARVIN, RONALD K
833 FOURTH AVE NORTH
NAPLES, FLA
33940

81 Name

10. Name and Address of New Registered Agent

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 reappointing

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	DATE
PD	ATKINSON, GEORGE P	1.2 NAME	
833 FOURTH AVE NORTH		1.3 STREET ADDRESS	
NAPLES, FL 00000		1.4 CITY-ST-ZIP	
VST	TARVIN, RONALD K.	2.1 TITLE	
833 FOURTH AVE. N.		2.2 NAME	
NAPLES, FL 00000		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		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)(b), 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: *Ronald K. Tarvin* RONALD K. TARVIN

1-19-95

813-262-2222