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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 391469 (4)

1. Corporation Name
MULLINS' PHARMICENTER, INC.

Principal Place of Business 830 OHIO AVE LYNN HAVEN FL 32444	Mailing Address 830 OHIO AVE LYNN HAVEN FL 32444
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/15/1971		3a. Date of Last Report 04/28/1994	
4. FEI Number 59-1376194		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business				2a. Mailing Address				4. FEI Number															
21		22		23		24		25		26		27		28		29		30					
Suite, Apt. #, etc.				Suite, Apt. #, etc.				City & State				City & State				Zip				Country			

9. Name and Address of Current Registered Agent										10. Name and Address of New Registered Agent									
MULLINS, JAMES M 830 OHIO AVE LYNN HAVEN FL 32444										B1 Name									
										B2 Street Address (P.O. Box Number is Not Acceptable)									
										B3									
										B4 City									

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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	MULLINS, JAMES M.	1.2 NAME					
STREET ADDRESS	% 830 OHIO AVENUE	1.3 STREET ADDRESS					
CITY - ST - ZIP	LYNN HAVEN FL	1.4 CITY - ST - ZIP					
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	MULLINS, JAMES M.	2.2 NAME					
STREET ADDRESS	% 830 OHIO AVENUE	2.3 STREET ADDRESS					
CITY - ST - ZIP	LYNN HAVEN FL	2.4 CITY - ST - ZIP					
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREET ADDRESS					
CITY - ST - ZIP		3.4 CITY - ST - ZIP					
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		4.2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY - ST - ZIP		4.4 CITY - ST - ZIP					
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY - ST - ZIP		5.4 CITY - ST - ZIP					
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY - ST - ZIP		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 007, Florida Statutes; and that my name appears in (b)(1), (12) or (13) if changed, or on an attachment with an address.

SIGNATURE: *J. M. Mullins* **J. M. Mullins** 2/28/95 904/265-3344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature Number