


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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | |
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| CORPORATION ANNUAL REPORT 1995 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS |
|--------------------------------------|---|---|

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 |
|--|--|

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 | | Applied For | |
| 21 | | | | 26 | | | | 59-1376194 | | Not Applicable | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | 8.75 Additional Fee Required | |
| 22 | | | | 27 | | | | 6. Election Campaign Financing Trust Fund Contribution | | 5.00 May Be Added to Fees | |
| City & State | | | | City & State | | | | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes | | Yes No | |
| 23 | | | | 28 | | | | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| Zip | | Country | | Zip | | Country | | | | | |
| 24 | | 25 | | 29 | | 30 | | | | | |

9. Name and Address of Current Registered Agent

**MULLINS, JAMES M
830 OHIO AVE
LYNN HAVEN FL 32444**

10. Name and Address of New Registered Agent

| | |
|---|-----------|
| B1 Name | |
| B2 Street Address (P.O. Box Number is Not Acceptable) | |
| B3 | |
| B4 City | |
| B5 Zip Code | FL |

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 _____ DATE _____

Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when resigning)

| 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 (Typed)