SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 24 AM 10:08

DOCUMENT # **466023** **(9)**

1. Corporation Name

WALPOLE PHARMACY, INC.

Principal Place of Business	Mailing Address
1859 HILLVIEW SARASOTA FLORIDA 34239	1859 HILLVIEW SARASOTA FLORIDA 34239

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/27/1974**	3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-1562234**	☐ 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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

PINKERTON, JOHN C.
P.O. BOX 5811
SARASOTA FLORIDA 34277

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 _____ (NOTE: Registered Agent's signature required when executed.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	WILLIS, RUTH C	12 NAME	
STREET ADDRESS	6455 HOLLYWOOD BLVD.	13 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	14 CITY ST ZIP	
TITLE	VPD	21 TITLE	☐ Change ☐ Addition
NAME	WILLIS, C. KEITH	22 NAME	
STREET ADDRESS	6455 HOLLYWOOD BLVD.	23 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	24 CITY ST ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	WILLIS, RUTH	32 NAME	
STREET ADDRESS	6455 HOLLYWOOD BLVD.	33 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	34 CITY ST ZIP	
TITLE	~~T~~	41 TITLE	☐ Change ☐ Addition
NAME	~~WILLIS, GEORGE C.~~	42 NAME	
STREET ADDRESS	~~6455 HOLLYWOOD BLVD.~~	43 STREET ADDRESS	
CITY ST ZIP	~~SARASOTA FL~~ Deceased 6/26/93	44 CITY ST ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	Willis Ruth C	52 NAME	
STREET ADDRESS	6455 Hollywood Blvd	53 STREET ADDRESS	
CITY ST ZIP	Sarasota, Fl. 34231	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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)(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.

SIGNATURE: Ruth C. Willis — July 19, 1995 — (813-366-5192)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0111027 CP