

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

**APPROVED
AND
FILED**

50 MAY -1 AM 8: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TERRY R. MOUTON
Secretary of State
Tallahassee, Florida 32304

DOCUMENT # **472754** (1)

CITY DRUG COMPANY OF PANAMA CITY BEACH, INC.

3. Principal Office Address: **435 LUVERNE AVENUE PANAMA CITY BCH FL 32401**
 4. Mailing Address: **435 LUVERNE AVENUE PANAMA CITY BCH FL 32401**

2. Principal Place of Business: **430 Harrison Avenue**
 26. Mailing Address: **P.O. Box 2240**
 4. FID Number: **59-1593101**
 Applied For Not Applicable
 5. Certificate of Status Fee: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 7. This corporation has adopted the provisions of Chapter 24, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **CLAYTON, RICHARD C. 435 LUVERNE AVENUE PANAMA CITY 32401**
 10. Name and Address of New Registered Agent:
 81. Name:
 82. Street Address (P.O. Box Number is Not Applicable): **1612 N. Pace Blvd.**
 83.
 84. City: **Pensacola** FL 85. Zip Code: **32505**

11. Pursuant to the provisions of Sections 607.01607 and 607.01608, 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. Thereby, I accept the appointment as registered agent. I am hereby sworn and accept the obligations of Section 607.01608, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
12.1 NAME: PD CLAYTON, RICHARD C. 720 WEST BEACH DRIVE PANAMA CITY FL	12.2 TITLE: D	13.1 NAME: 1612 N. Pace Blvd. Pensacola, FL 32505	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 NAME: CLEMONS JR., GIRARD L. 518 BUNKERS COVE ROAD PANAMA CITY FL	12.4 TITLE: VP	13.2 NAME: Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME: CLAYTON, GERRY H. 912 DEGAMA AVE PANAMA CITY FL	12.6 TITLE: VP	13.3 NAME: P.O. Box 302 Panama City, FL 32402	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME:	12.8 TITLE:	13.4 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 NAME:	12.10 TITLE:	13.5 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 NAME:	12.12 TITLE:	13.6 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13 NAME:	12.14 TITLE:	13.7 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.15 NAME:	12.16 TITLE:	13.8 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and that the corporation stated in Section 11 of this Florida Statutes. I believe that the information supplied on this annual report or supplemental annual report is true and correct, and that my signature shall be a true and correct statement of the facts stated therein. I am not aware of any facts which would make this report or supplemental report misleading or deceptive. I am not aware of any facts which would make this report or supplemental report false or fraudulent. I am not aware of any facts which would make this report or supplemental report in violation of any law or regulation. I am not aware of any facts which would make this report or supplemental report in violation of any rule or regulation. I am not aware of any facts which would make this report or supplemental report in violation of any statute or regulation. I am not aware of any facts which would make this report or supplemental report in violation of any law, rule, or regulation. I am not aware of any facts which would make this report or supplemental report in violation of any statute or regulation. I am not aware of any facts which would make this report or supplemental report in violation of any law, rule, or regulation.

SIGNATURE: *R Clayton* 4/28/95 904-435-8313
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR