

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jan 16 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 480220 (3)  
1. Corporation Name  
WALKER'S PHARMACY, INC.



Principal Place of Business  
100 EAST BROADWAY  
FT. MEADE FL 33841-9999

Mailing Address  
100 EAST BROADWAY  
FT. MEADE FL 33841-9999

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	100 E. BROADWAY	26	100 E. BROADWAY	07/08/1975	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	FT. MEADE, FL	27	FT. MEADE, FL	59-1605854	
City & State		City & State		Applied For	
23	FT. MEADE, FL	28	FT. MEADE, FL	Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24	33841	33841		<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25	POLK	POLK		Trust Fund Contribution	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WALKER, W. EARL  
100 EAST BROADWAY  
FT. MEADE FL 33841

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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	WALKER, W. EARL	1.2 NAME	
STREET ADDRESS	412 N.E. SECOND STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MEADE FL	1.4 CITY-ST-ZIP	
TITLE	SV	2.1 TITLE	
NAME	WALKER, BARBARA B.	2.2 NAME	
STREET ADDRESS	412 N.E. SECOND STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MEADE FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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: Barbara B Walker BARBARA B WALKER 1/16/98 (94) 285-7288

CR2E034 (10/97)