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CORPORATION ANNUAL REPORT



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

1996

SIGNATURE:

. Corporation	MENT # G945(NAME PHARMACY, INC.	08 (0)						
rincipal Place	of Business	Mailing Address						01011 11611 181 1
rincipal Place of Business C/O STANAS 752 CHESAPEAKE DR TARPON SPRINGS FL 34689		C/O STAMAS 752 CHESAPEAKE DR TARPON SPRINGS FL 34689						
					3. Date incorporated or Qualified 04/02/1984	3a. Date 02	of Last R 2/23/19	
Principat Place of Business Suite, Ap., #, etc.		2a. Mailing Address	2a. Mailing Address 26 Suite, Apt. #, etc.		4. FEI Number 59-2390966	_1	Щ	Applied For
					\$8.75 Add			Not Applicable Additional
		27			5. Certificate of Status Desired Fee Require			
- City & State -		City & State			Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
Zιρ	Country	Ζιρ	Count	ry	8. This corporation has liability for			
	25	[29]	30			s 🗌 No		
	9. Name and Address of Curre	nt Registered Agent	8	1 Name	10. Name and Address of New I	Registered A	gent	
STAMAS	S, JOHN P.		8	2 Street Adds	ress (P.O. Box Number is Not Acceptal	ble)		
752 CHESAPEAKE DR.								
TARPON	N SPRINGS FL 34689		8	3				
			8	4 City		F1	85 Zi	p Code
or registeri familiar wit	o the provisions of Sections 607.050; ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	ida. Such change was authoriz	es, the above	-named corpo	oration submits this statement for the pu ard of directors. I hereby accept the app	rpose of char pointment as i	nging its i registered	registered office Lagent. Lam
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