

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Monham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H78562 (6)

1. Corporation Name
THE TOWERS PHARMACY, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 24 PM 2:38

Principal Place of Business % SHARON BROOKS 1717 N "E" ST., SUITE 320 PENSACOLA FL 32501-6335	Mailing Address % SHARON BROOKS 1717 N "E" ST., SUITE 320 PENSACOLA FL 32501-6335
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 10/01/1985	3a. Date of Last Report 02/23/1994
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-0057322	Applied For ☐ Not Applicable
City & State 23		City & State 28		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent RANELLI, EDWARD 1717 N. "E" STREET SUITE 320 PENSACOLA FL 32501				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	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 signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	NAME	1.2 NAME	
CITY - ST - ZIP	STREET ADDRESS	1.3 STREET ADDRESS	
	CITY - ST - ZIP	1.4 CITY - ST - ZIP	
TITLE	NAME	2.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	NAME	2.2 NAME	
CITY - ST - ZIP	STREET ADDRESS	2.3 STREET ADDRESS	
	CITY - ST - ZIP	2.4 CITY - ST - ZIP	
TITLE	NAME	3.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	NAME	3.2 NAME	
CITY - ST - ZIP	STREET ADDRESS	3.3 STREET ADDRESS	
	CITY - ST - ZIP	3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	NAME	4.2 NAME	
CITY - ST - ZIP	STREET ADDRESS	4.3 STREET ADDRESS	
	CITY - ST - ZIP	4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	NAME	5.2 NAME	
CITY - ST - ZIP	STREET ADDRESS	5.3 STREET ADDRESS	
	CITY - ST - ZIP	5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	NAME	6.2 NAME	
CITY - ST - ZIP	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 110.07(3)(k), 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 person or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Edward Ranelli* 1/11/95 207-467-2327
(Signature) (Date) (Telephone Number)