


Mar 11 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
<div style="display: flex; justify-content: space-between;"> <div> <b>DOCUMENT # J11320</b>  <b>1. Corporation Name</b>  <b>PITTS PHARMACY, INC.</b> </div> <div style="font-size: 2em; font-weight: bold;">(5)</div> </div>		
<b>Principal Place of Business</b> <b>MAIN STREET</b> <b>POST OFFICE BOX 886</b> <b>WEWAHITCHKA FL 32465</b>		<b>Mailing Address</b> <b>MAIN STREET</b> <b>POST OFFICE BOX 886</b> <b>WEWAHITCHKA FL 32465-0986</b>
<b>2. Principal Place of Business</b> <div style="border: 1px solid black; padding: 2px;">21</div> Suite, Apt. #, etc. <div style="border: 1px solid black; padding: 2px;">22</div> City & State <div style="border: 1px solid black; padding: 2px;">23</div> Zip <div style="border: 1px solid black; padding: 2px;">25</div> Country	<b>2a. Mailing Address</b> <div style="border: 1px solid black; padding: 2px;">26</div> Suite, Apt. #, etc. <div style="border: 1px solid black; padding: 2px;">27</div> City & State <div style="border: 1px solid black; padding: 2px;">28</div> Zip <div style="border: 1px solid black; padding: 2px;">29</div> Country	
<b>9. Name and Address of Current Registered Agent</b>		
<b>PITTS, CHARLES A.</b> <b>RT. 3 BOX 236-A</b> <b>WEWAHITCHKA 32465</b>		<div style="border: 1px solid black; padding: 2px;">81</div> Name <div style="border: 1px solid black; padding: 2px;">82</div> Street Address <div style="border: 1px solid black; padding: 2px;">83</div> <div style="border: 1px solid black; padding: 2px;">84</div> City
<b>11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporation or registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.</b>		
<b>SIGNATURE</b> <small>Signature typed or printed below that of registered agent and title if applicable</small> <small>(NOTE: Registered Agent signature required)</small>		
<b>12. OFFICERS AND DIRECTORS</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>PD</b> <b>PITTS, CHARLES A.</b> <b>RT. 3 BOX 236-A</b> <b>WEWAHITCHKA FL</b>	<input type="checkbox"/> DELETE
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>STD</b> <b>PITTS, MARY A.</b> <b>RT. 3 BOX 236-A</b> <b>WEWAHITCHKA FL</b>	<input type="checkbox"/> DELETE
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> DELETE
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> DELETE
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> DELETE
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> DELETE
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> DELETE
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> DELETE
<b>13.</b>		
	11 TITLE	
	12 NAME	
	13 STREET ADDRESS	
	14 CITY - ST - ZIP	
	21 TITLE	
	22 NAME	
	23 STREET ADDRESS	
	24 CITY - ST - ZIP	
	31 TITLE	
	32 NAME	
	33 STREET ADDRESS	
	34 CITY - ST - ZIP	
	41 TITLE	
	42 NAME	
	43 STREET ADDRESS	
	44 CITY - ST - ZIP	
	51 TITLE	
	52 NAME	
	53 STREET ADDRESS	
	54 CITY - ST - ZIP	
	61 TITLE	
	62 NAME	
	63 STREET ADDRESS	
	64 CITY - ST - ZIP	
<b>14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.</b>		
<b>SIGNATURE:</b> <i>Charles A. Pitts</i>		
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>		