FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J81936** **(3)**

1. Corporation Name

FORT WALTON APOTHECARY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1150 FT. WALTON BEACH FL 32549	P.O. BOX 1150 FT. WALTON BEACH FL 32549

3. Date Incorporated or Qualified: **07/08/1987**

3a. Date of Last Report: **07/03/1995**

4. FEI Number: **59-2833448** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1005 Mar Walt Dr.	26 PO Box # 1150
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Ft Walton Beach	28 City & State: Ft Walton Bch
24 Zip: 32549 25 Country: OKALOOSA	29 Zip: 32549 30 Country: OKALOOSA

9. Name and Address of Current Registered Agent

SHOFF, HELEN A
225 NATURES TRAIL
FT. WALTON BEACH FL 32548

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 or authorized officer) (Print, Type or Stamp Agent's Name and Status if Entity) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	SHOFF, CHARLES M.	
STREET ADDRESS	225 NATURES TRAIL	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	
TITLE	STD	☐ DELETE
NAME	SHOFF, HELEN A.	
STREET ADDRESS	255 NATURES TRAIL	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	
TITLE	D	☒ DELETE
NAME	LAMONTE, ROBERT S	
STREET ADDRESS	169 BAYOU DR.	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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 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: Charlotte Shoff 3/25/96 904 8627559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #