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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **K39664** **(3)**

1. Corporation Name
CHIPLEY DRUGS, INC.

Principal Place of Business	Mailing Address
400 SOUTH BLVD WEST CHIPLEY FL 32428	400 SOUTH BLVD WEST CHIPLEY FL 32428

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/17/1988
3a. Date of Last Report: 08/08/1994

2. Principal Place of Business
21 1330 SOUTH BLVD
22 Suite, Apt. #, etc.
23 City & State: CHIPLEY, FLORIDA
24 Zip: 32428 25 Country

2a. Mailing Address
26 1330 SOUTH BLVD
27 Suite, Apt. #, etc.
28 City & State: CHIPLEY, FLORIDA
29 Zip: 32428 30 Country

4. FEI Number: 59-2922255 ☐ 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

9. Name and Address of Current Registered Agent

KING, MARION W.
~~204 S FIRST ST~~
CHIPLEY FL 32428

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1330 SOUTH BLVD
83
84 City: CHIPLEY FL 85 Zip Code: 32428

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: Marion W. King — 4/07/95
Signature, typed or printed name of registered agent and title of applicable officer (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	PD	☒ Change ☐ Addition
NAME	KING, MARION	1.2 NAME	MARION W. KING	(ADDRESS)
STREET ADDRESS	~~204 S FIRST ST~~	1.3 STREET ADDRESS	(1330 1400) SOUTH BLVD W	
CITY-ST-ZIP	CHIPLEY FL	1.4 CITY-ST-ZIP	CHIPLEY, FL 32428	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	HOWELL, WILLIAM S JR.	2.2 NAME		
STREET ADDRESS	105 S. FIFTH ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	CHIPLEY FL	2.4 CITY-ST-ZIP		
TITLE	DS	3.1 TITLE	DS	☒ Change ☐ Addition
NAME	KING, PAT J	3.2 NAME	KING, PAT J.	(ADDRESS)
STREET ADDRESS	~~204 S FIRST ST~~	3.3 STREET ADDRESS	1330 SOUTH BLVD	
CITY-ST-ZIP	CHIPLEY FL	3.4 CITY-ST-ZIP	CHIPLEY, FL 32428	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
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 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: Marion W. King — 4/07/95 Date — 904-638-1040 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

0410080 FP