

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90018 030 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L17195

1. Corporation Name

MEDICATION PLUS OF FLORIDA, INC.

Principal Place of Business

101 N MADISON ST
QUINCY FL 32351
US

Mailing Address

PO BOX 3046
COVINGTON LA 70434
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1989

4. FEI Number

59-2967228

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **385 Gulfview Lane**

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **Pensacola FL**

City & State

28 Zip Country

Zip

24 **32507**

Country

Zip

29 **30**

Country

9. Name and Address of Current Registered Agent

MASSEY, H GEORGE J
704 MALDANDO
PENSACOLA BCH FL 32561

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

385 Gulfview Lane

83

84 City **Pensacola**

FL

85 Zip Code
32507

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **MASSEY, G.H., JR.**
STREET ADDRESS **200 LION DR**
CITY-ST-ZIP **COVINGTON LA**

TITLE **D** ☐ DELETE
NAME **MASSEY, ROBERT W.**
STREET ADDRESS **200 LIONS DR**
CITY-ST-ZIP **COVINGTON LA**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/99
Date

504-893-8707
Daytime Phone #

CR2E034 (11/98)