FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 8:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M93112 (4)

1. Corporation Name
PANAMA PHARMACY, INC.

Principal Place of Business
~~435 LUVERNE AVENUE~~
430 HARRISON AVE.
PANAMA CITY FL 32401

Mailing Address
~~435 LUVERNE AVENUE~~
430 HARRISON AVE.
PANAMA CITY FL 32401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/05/1988
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-2903791 — 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	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

PARMER, DONALD R.
435 LUVERNE AVENUE
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 430 Harrison Ave.
83
84 City: Panama City, FL
85 Zip Code: 32401

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 ____ DATE ____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1-1 TITLE		☒ Change ☐ Addition
NAME	PARMER, DONALD R.	1-2 NAME		
STREET ADDRESS	350 MERCEDES AVE.	1-3 STREET ADDRESS	P.O. Box 47	
CITY-ST-ZIP	PANAMA CITY FL	1-4 CITY-ST-ZIP	Panama City, FL 32402	
TITLE	CD	2-1 TITLE		☒ Change ☐ Addition
NAME	CLAYTON, RICHARD C.	2-2 NAME		
STREET ADDRESS	435 LUVERNE AVENUE	2-3 STREET ADDRESS	1612 N. Pace Blvd.	
CITY-ST-ZIP	PANAMA CITY FL	2-4 CITY-ST-ZIP	Pensacola FL 32505	
TITLE	ASD	3-1 TITLE		☒ Change ☐ Addition
NAME	CLAYTON, GERRY	3-2 NAME		
STREET ADDRESS	912 DEGAMA AVE.	3-3 STREET ADDRESS	P.O. Box 302	
CITY-ST-ZIP	PANAMA CITY FL	3-4 CITY-ST-ZIP	Panama City, FL 32402	
TITLE	T	4-1 TITLE		☐ Change ☐ Addition
NAME	JONES, LU ANNE	4-2 NAME		
STREET ADDRESS	437 W BALDWIN RD	4-3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BCH FL	4-4 CITY-ST-ZIP		
TITLE	S	5-1 TITLE		☒ Change ☐ Addition
NAME	ANDERSEN, JOHN M.	5-2 NAME		
STREET ADDRESS	116 DOWNING STREET	5-3 STREET ADDRESS	122 Serenade Lane	
CITY-ST-ZIP	PANAMA CITY BCH FL	5-4 CITY-ST-ZIP	Panama City, FL 32413	
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: R.C. Clayton — R.C. CLAYTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 — Date
(904) 435-8313 — Daytime Phone

002884 CP