

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **M93112** (4)

1. Corporation Name

**PANAMA PHARMACY, INC.**



Principal Place of Business

Mailing Address

**435 LUVERNE AVENUE  
430 HARRISON AVE.  
PANAMA CITY FL 32401**

**435 LUVERNE AVENUE  
430 HARRISON AVE.  
PANAMA CITY FL 32401**

3. Date Incorporated or Qualified  
**08/05/1988**

3a. Date of Last Report  
**05/01/1995**

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 **430 Harrison Ave.**

26 **430 Harrison Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Panama City FL**

28 **Panama City FL**

Zip

Zip

24 **32401**

29 **32401**

Country

Country

25 **USA**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PARMER, DONALD R.  
430 HARRISON AVENUE  
PANAMA CITY FL 32401**

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 and the applicable

DATE: Registered Agent Signature: Registered Agent Signature:

DATE:

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **PD**  
STREET ADDRESS **PARMER, DONALD R.**  
CITY-ST-ZIP **P.O. BOX 47  
PANAMA CITY FL**

TITLE ☐ DELETE  
NAME **CD**  
STREET ADDRESS **CLAYTON, RICHARD C.**  
CITY-ST-ZIP **1612 N PACE BLVD  
PENSACOLA FL**

TITLE ☐ DELETE  
NAME **ASD**  
STREET ADDRESS **CLAYTON, GERRY**  
CITY-ST-ZIP **P.O. BOX 302  
PANAMA CITY FL**

TITLE ☐ DELETE  
NAME **T**  
STREET ADDRESS **JONES, LU ANNE**  
CITY-ST-ZIP **437 W BALDWIN RD  
PANAMA CITY BCH FL**

TITLE ☐ DELETE  
NAME **S**  
STREET ADDRESS **ANDERSEN, JOHN M.**  
CITY-ST-ZIP **122 SERENADE LANE  
PANAMA CITY FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE

CR2E034 (12/95)