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Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **M93112** (4)
1. Corporation Name
PANAMA PHARMACY, INC.



Principal Place of Business Mailing Address
**430 HARRISON AVE.
PANAMA CITY FL 32401
US** **430 HARRISON AVE.
PANAMA CITY FL 32401-2732
US**

3. Date Incorporated or Qualified **08/05/1988** 3a. Date of Last Report **04/25/1996**
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent

**PARMER, DONALD R.
430 HARRISON 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)
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 of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PARMER, DONALD R.	
STREET ADDRESS	P.O. BOX 47	
CITY - ST - ZIP	PANAMA CITY FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	CLAYTON, RICHARD C.	
STREET ADDRESS	1612 N PACE BLVD	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	CLAYTON, GERRY	
STREET ADDRESS	P.O. BOX 302	
CITY - ST - ZIP	PANAMA CITY FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JONES, LU ANNE	
STREET ADDRESS	437 W BALDWIN RD	
CITY - ST - ZIP	PANAMA CITY BCH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ANDERSEN, JOHN M.	
STREET ADDRESS	122 SERENADE LANE	
CITY - ST - ZIP	PANAMA CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PARMER, DONALD R.	
1.3 STREET ADDRESS	969 KRISTANNA DR.	
1.4 CITY - ST - ZIP	PANAMA CITY FL 32405	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/97 904-785-8888

Date Daytime Phone #

CR2E034 (9/96)