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FILED

May 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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. 430 HARRISON AVE.  
PANAMA CITY FL 32401 PANAMA CITY FL 32401  
US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

08/05/1988

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

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  
CLAYTON, R.C.  
82 Street Address (P.O. Box Number is Not Acceptable)  
1612 N. PACE BLVD STE. 1  
83  
84 City  
PENSACOLA FL 85 Zip Code  
32505

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if any (Note: Registered Agent signature required when reinstating)

DATE

4/22/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
STREET ADDRESS PARMER, DONALD R.  
CITY-ST-ZIP 969 KRISTANNA DR  
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 Y  
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

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.

SIGNATURE

Richard Clayton

4/22/98

85D-435-8813

CR2E034 (10/97)