

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mayhew  
Secretary of State  
1905 W. B. WILSON AVENUE  
TALLAHASSEE, FLORIDA 32304-0001

APPROVED  
AND  
FILED

MAY - 1 1995 9:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M98617**

(7)

1. Corporation Name

**WEST FLORIDA PHARMACIES, INC.**

Principal Office or Place of Business: **1612 N Pace Blvd. Pensacola, FL 32505**  
 Mailed Address: **1612 N Pace Blvd. Pensacola, FL 32505**

DO NOT WRITE IN THIS SPACE

2. Principal Office or Place of Business 21 1612 N. Pace Blvd. State Apt # 101	2a. Mailed Address 26 1612 N. Pace Blvd. State Apt # 101	3. Date first reported as existing 09/14/1988	3a. Date of Last Report 04/18/1994
22 City & State 23 Pensacola, FL	27 City & State 28 Pensacola, FL	4. FET Number 59-2911883	Applied For Not Applicable
24 32505	25 Escambia	29 32505	30 Escambia

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for interest for under 15 1993(32) Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CLAYTON, R. C.**  
435 LUVERNE AVE  
PANAMA CITY 92401  
*1612 N. Pace Blvd. Pensacola, FL 32505*

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
	1612 N. Pace Blvd.		Pensacola, FL	32505

11. Pursuant to the provisions of Sections 601.04(3) and 197.15(8), Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent as 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 provisions of Section 601.04(3), Florida Statutes.

SIGNATURE: *R.C. Clayton* Date: *4/28/95*

12. OFFICERS AND DIRECTORS

OFFICE	PD
NAME	CLAYTON, R. C.
STREET ADDRESS	1604 N. PACE BLVD.
CITY & STATE	PENSACOLA FL
OFFICE	D
NAME	FORTUNE, EDMUND M.
STREET ADDRESS	4029 HIGHWAY 90
CITY & STATE	PACE FL
OFFICE	D
NAME	CLAYTON, GERRY
STREET ADDRESS	912 DESAMA AVE
CITY & STATE	PANAMA CITY FL
OFFICE	D
NAME	PARMER, DONALD R
STREET ADDRESS	435 LUVERNE AVE
CITY & STATE	PANAMA CITY FL

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

OFFICE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1612 N. Pace Blvd.
CITY & STATE	Pensacola, FL 32505
OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	P.O. Box 302
CITY & STATE	Panama City, FL 32402
OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	P.O. Box 47
CITY & STATE	Panama City, FL 32402

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that I am qualified for the description stated in law hereon. I declare under penalty of perjury that the information furnished on this annual report or supplementary 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 officer or director empowered to execute this report as required by Chapter 449, Florida Statutes, and that my name appears on Block 1 of Block 1 of the filing or on an attachment with an address.

SIGNATURE: *R.C. Clayton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**R. C. CLAYTON**

*4/28/95* (904) 435-8313

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

**APPROVED AND FILED**

09/16/1988 10:05

FILED IN THE OFFICE OF THE CLERK OF THE SUPREME COURT, PALM BEACH COUNTY, FLORIDA



**CORPORATION ANNUAL REPORT 1995**

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

**DOCUMENT # M98885 (0)**  
SEA GYPSY FLORIDA KEYS, INC.

**Principal Place of Business**  
121 POINT PLEASANT  
KEY LARGO FL 33037

**Mailing Address**  
121 POINT PLEASANT  
KEY LARGO FL 33037

(DO NOT WRITE IN THIS SPACE)

**3. Date Incorporated or Organized** 09/16/1988  
**3a. Date of Last Report** 05/01/1994

**2. Principal Place of Business** **2a. Mailing Address**

**21. State** FL **26. State** FL

**22. City & State** **27. City & State**

**23. City** **28. City**

**24. County** **25. County** **29. County** **30. County**

**4. FEI Number** 65-0076620  
**Applied For** Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Election Campaign Financing**  **\$5.00 May Be Added to Fees**

**6. This corporation has authority for integrated tax under its Florida Statutes**  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**GIBBS, BRADFORD R.**  
121 POINT PLEASANT  
KEY LARGO FL 33037

**B1. Name**  
**B2. Street Address** (P.O. Box Number is Not Acceptable)  
**B3.**  
**B4. City** **B5. Zip Code** FL

**11. Pursuant to the provisions of Sections 607, 608, and 609, Florida Statutes, the abovesigned corporation certifies this statement for the purpose of changing its registered office and registered agent in both the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am not a natural person as defined in Section 607.001, Florida Statutes.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS** **13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:**

**12.1** NAME: **DPS GIBBS, BRADFORD R.** ADDRESS: 121 POINT PLEASANT, KEY LARGO FL  
**13.1** NAME: **DP GIBBS, BRADFORD R.** ADDRESS: 121 POINT PLEASANT DR, KEY LARGO, FL 33037  
 Change  Addition

**12.2** NAME: **T GIBBS, BRADFORD R.** ADDRESS: 121 POINT PLEASANT, KEY LARGO FL  
**13.2** NAME: **TS GIBBS, PATRICIA L.** ADDRESS: 121 POINT PLEASANT DR, KEY LARGO, FL 33037  
 Change  Addition

**12.3** NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
**13.3** NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 Change  Addition

**12.4** NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
**13.4** NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 Change  Addition

**12.5** NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
**13.5** NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 Change  Addition

**12.6** NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
**13.6** NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 Change  Addition

**14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and disclosed equally for the exemptions stated in Sections 607.001, 608, Florida Statutes. Further, I certify that the information submitted on this annual report or supplementary annual report is true and accurate and that my corporation shall have the same legal effect as if made under oath. It is my privilege as director of this corporation or the officer or shareholder who prepared to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, to be disclosed with the public.**

**SIGNATURE:** *Bradford R. Gibbs*  
SIGNATURE AND TYPED OR PRINTED NAME OF DOMESTIC OFFICER OR DIRECTOR

2/6/95 315-457-1070