

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mayhew  
Secretary of State  
1901 F. W. WALTERS BLDG.  
TALLAHASSEE, FLORIDA 32304

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	27	4. FET Number 59-2911883	Applied For Not Applicable
23 Pensacola, FL	28 Pensacola, FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 32505	25 Escambia	29 32505	30 Escambia
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation has liability for interest for under 5 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. This corporation has liability for interest for under 5 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CLAYTON, R. C. 435 LUVERNE AVE PANAMA CITY 92401 <i>1612 N. Pace Blvd. Pensacola, FL 32505</i>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)	1612 N. Pace Blvd.		
				83			
				84 City	Pensacola,	FL	85 Zip Code

11. Pursuant to the provisions of Sections 601.0403 and 197.1508, 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 601.0403, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICES TO OFFICERS AND DIRECTORS	
OFFICER	NAME	OFFICE	NAME
PD	CLAYTON, R. C. 1604 N. PACE BLVD. PENSACOLA FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1612 N. Pace Blvd. Pensacola, FL 32505
D	FORTUNE, EDMUND M. 4029 HIGHWAY 90 PACE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D	CLAYTON, GERRY 912 DESAMA AVE PANAMA CITY FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	P.O. Box 302 Panama City, FL 32402
D	PARMER, DONALD R 435 LUVERNE AVE PANAMA CITY FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	P.O. Box 47 Panama City, FL 32402
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 indicated 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 in person. 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** 38. Date of Last Report: **05/01/1994**  
4. FEI Number: **65-0076620** 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  
6. This corporation has authority for integrated tax under its Florida Statutes:  Yes  No

2. Principal Place of Business: 21. State: **FL**  
22. City & State: 27. City & State:  
23. City & State: 28. City & State:  
24. City & State: 25. City & State: 29. City & State: 30. City & State:

9. Name and Address of Current Registered Agent: **GIBBS, BRADFORD R. 121 POINT PLEASANT KEY LARGO FL 33037**  
10. Name and Address of New Registered Agent:  
B1 Name:  
B2 Street Address (P.O. Box Number is Not Acceptable):  
B3:  
B4 City: **FL** B5 Zip Code:

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 the appointment as registered agent. I am not a natural person as defined in Section 607, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:	
1. NAME: <b>DPS GIBBS, BRADFORD R. 121 POINT PLEASANT KEY LARGO FL</b>	2. TITLE:	3. NAME: <b>DP GIBBS, BRADFORD R. 121 POINT PLEASANT DR KEY LARGO, FL. 33037</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME: <b>T GIBBS, BRADFORD R. 121 POINT PLEASANT KEY LARGO FL</b>	5. TITLE:	6. NAME: <b>TS GIBBS, PATRICIA L. 121 POINT PLEASANT DR KEY LARGO, FL. 33037</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
7. NAME:	8. TITLE:	9. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME:	11. TITLE:	12. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME:	14. TITLE:	15. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME:	17. TITLE:	18. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. NAME:	20. TITLE:	21. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME:	23. TITLE:	24. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
25. NAME:	26. TITLE:	27. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME:	29. TITLE:	30. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and disclosed equally for the exemption stated in Section 607, 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 the corporation or the officer or shareholder to have the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, as the case may be, with \_\_\_\_\_

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

2/6/95 315-457-1070