

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 N. W. 14th Street, Tallahassee, FL 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 Required <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 15 1992(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 92491		10. Name and Address of New Registered Agent	
11012 N. Pace Blvd. Pensacola, FL 32505		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	1612 N. Pace Blvd.
		83	
		84 City	Pensacola, FL
		85 Zip Code	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 agent or registered agent of 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		13. ADDITIONAL OFFICES TO OFFICERS AND DIRECTORS	
OFFICER	NAME	OFFICE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1	CLAYTON, R. C. 1604 N. PACE BLVD. PENSACOLA FL	1	1612 N. Pace Blvd. Pensacola, FL 32505
2	D FORTUNE, EDMUND M. 4029 HIGHWAY 90 PACE FL	2	
3	D CLAYTON, GERRY 912 DESAMA AVE PANAMA CITY FL	3	P.O. Box 302 Panama City, FL 32402
4	D PARMER, DONALD R 435 LUVERNE AVE PANAMA CITY FL	4	P.O. Box 47 Panama City, FL 32402
5		5	
6		6	
7		7	
8		8	

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 included 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 443, 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

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09/16/1988 10:05

FILED IN THE OFFICE OF THE SECRETARY OF STATE, TALLAHASSEE, 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	
4. FEI Number: 65-0076620		Applied For: <input type="checkbox"/> Not Applicable	
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	
6. This corporation has authority for integrated tax under its Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Principal Place of Business: 121	2a. Mailing Address: 26	22. State: 27	23. City & State: 28
24. City: 25	29. State: 30		

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. City:		
		B4. State: 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 this appointment as registered agent. I am not a partner or a creditor of the corporation of Section 607, 609, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:	
1. NAME: DPS GIBBS, BRADFORD R. 121 POINT PLEASANT KEY LARGO FL	2. TYPE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1. NAME: DP GIBBS, BRADFORD R. 121 POINT PLEASANT DR KEY LARGO, FL. 33037	2. TYPE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME: T GIBBS, BRADFORD R. 121 POINT PLEASANT KEY LARGO FL	2. TYPE: <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Resign	1. NAME: TS GIBBS, PATRICIA L. 121 POINT PLEASANT DR KEY LARGO, FL. 33037	2. TYPE: <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1. NAME:	2. TYPE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	1. NAME:	2. TYPE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME:	2. TYPE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	1. NAME:	2. TYPE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME:	2. TYPE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	1. NAME:	2. TYPE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME:	2. TYPE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	1. NAME:	2. TYPE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME:	2. TYPE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	1. NAME:	2. TYPE: <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 Sections 607, 609, 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 of the corporation 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