

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # M98617 (7)

1. Corporation Name
WEST FLORIDA PHARMACIES, INC.



Principal Place of Business: % R. C. CLAYTON, 1612 N PACE BLVD, PENSACOLA FL 32506 US
Mailing Address: % R. C. CLAYTON, 1612 N. PACE BLVD., PENSACOLA FL 32505 US

3. Date Incorporated or Qualified: 09/14/1988
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21) 2a. Mailing Address (26)

4. FEI Number: 59-2911883
Applied For: Not Applicable

Suite, Apt. #, etc. (22) Suite, Apt. #, etc. (27)

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

City & State (23) City & State (28)

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Zip (24) Country (25) Zip (29) Country (30)

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLAYTON, R. C.
1612 N. PACE BLVD.
PENSACOLA FL 32505

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 607.0602 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CLAYTON, R. C.	
STREET ADDRESS	1612 N. PACE BLVD.	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FORTUNE, EDMUND M.	
STREET ADDRESS	4029 HIGHWAY 90	
CITY - ST - ZIP	PACE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLAYTON, GERRY	
STREET ADDRESS	PO BOX 302 N/A	
CITY - ST - ZIP	PANAMA CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PARMER, DONALD R	
STREET ADDRESS	PO BOX 47 N/A	
CITY - ST - ZIP	PANAMA CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *R Clayton*

4/30/96 904-435-8313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)