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**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90029 033 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # M98617

1. Corporation Name  
**WEST FLORIDA PHARMACIES, INC.**



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 09/14/1988  
 4. FEI Number: 59-2911883  
 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 the current year Intangible Personal Property Tax:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
 2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
 CLAYTON, R. C.  
 1612 N. PACE BLVD.  
 PENSACOLA FL 32505

10. Name and Address of New Registered Agent  
 81 Name: Brandice C. Clayton  
 82 Street Address (P.O. Box Number is Not Acceptable): 3530 Dunfries Rd  
 83  
 84 City: Pensacola FL 85 Zip Code: 32503

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 obligations of Section 607.0505, Florida Statutes.  
 SIGNATURE: *Brandice C. Clayton* Brandice C. Clayton 3/4/99 Director

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CLAYTON, R. C.	
STREET ADDRESS	1612 N. PACE BLVD.	
CITY-ST-ZIP	PENSACOLA 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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Brandice C. Clayton	
1.3 STREET ADDRESS	3530 Dunfries Rd	
1.4 CITY-ST-ZIP	Pensacola FL 32503	
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 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, with all other like empowered.

SIGNATURE: *Brandice C. Clayton* Brandice C. Clayton 3/4/99 8504359614  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)