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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, NAME: CLAYTON, R. C., STREET ADDRESS: 1612 N. PACE BLVD., CITY-ST-ZIP: PENSACOLA FL
 TITLE: D, NAME: CLAYTON, GERRY, STREET ADDRESS: PO BOX 302 N/A, CITY-ST-ZIP: PANAMA CITY FL
 TITLE: D, NAME: PARMER, DONALD R, STREET ADDRESS: PO BOX 47 N/A, CITY-ST-ZIP: PANAMA CITY FL
 TITLE: [Blank], NAME: [Blank], STREET ADDRESS: [Blank], CITY-ST-ZIP: [Blank]
 TITLE: [Blank], NAME: [Blank], STREET ADDRESS: [Blank], CITY-ST-ZIP: [Blank]
 TITLE: [Blank], NAME: [Blank], STREET ADDRESS: [Blank], CITY-ST-ZIP: [Blank]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE: [Blank], 1.2 NAME: Brandice C. Clayton, 1.3 STREET ADDRESS: 3530 Dunfries Rd, 1.4 CITY-ST-ZIP: Pensacola FL 32503
 2.1 TITLE: [Blank], 2.2 NAME: [Blank], 2.3 STREET ADDRESS: [Blank], 2.4 CITY-ST-ZIP: [Blank]
 3.1 TITLE: [Blank], 3.2 NAME: [Blank], 3.3 STREET ADDRESS: [Blank], 3.4 CITY-ST-ZIP: [Blank]
 4.1 TITLE: [Blank], 4.2 NAME: [Blank], 4.3 STREET ADDRESS: [Blank], 4.4 CITY-ST-ZIP: [Blank]
 5.1 TITLE: [Blank], 5.2 NAME: [Blank], 5.3 STREET ADDRESS: [Blank], 5.4 CITY-ST-ZIP: [Blank]
 6.1 TITLE: [Blank], 6.2 NAME: [Blank], 6.3 STREET ADDRESS: [Blank], 6.4 CITY-ST-ZIP: [Blank]

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)