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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 (21-24) and 2a. Mailing Address (25-30) details including Suite, Apt. #, etc., City & State, Zip, and Country.

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
 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLAYTON, R. C.	1.2 NAME	Brandice C. Clayton
STREET ADDRESS	1612 N. PACE BLVD.	1.3 STREET ADDRESS	3530 Dunfries Rd
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	Pensacola FL 32503
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAYTON, GERRY	2.2 NAME	
STREET ADDRESS	PO BOX 302 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARMER, DONALD R	3.2 NAME	
STREET ADDRESS	PO BOX 47 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)