

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000045127 (6)

1. Corporation Name

PENSACOLA SPECIALTY COMPOUNDING, INC.

Principal Place of Business

2256-B WEST NINE MILE ROAD
PENSACOLA FL 32534

Mailing Address

2256-B WEST NINE MILE ROAD
PENSACOLA FL 32534

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1993

3a. Date of Last Report

08/05/1994

4. FEI Number

59-3199804

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 1015 W. MORENO ST.

Suite, Apt. #, etc.

22 PENSACOLA

City & State

23 PENSACOLA FL

Zip

24 32501

Country

25 U.S.A.

2a. Mailing Address

26 1015 W. MORENO ST.

Suite, Apt. #, etc.

27 PENSACOLA

City & State

28 PENSACOLA FL

Zip

29 32501

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

FOREMAN, MARCIA A
2256-B WEST NINE MILE ROAD
PENSACOLA FL 32534

10. Name and Address of New Registered Agent

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 607.0502 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

(Signature, Type or printed name of registered agent and State 2 applicable)

(NOTE: Registered Agent signature required when registered)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE D
NAME FOREMAN, MARCIA A
STREET ADDRESS 2256-B WEST NINE MILE ROAD
CITY, ST, ZIP PENSACOLA FL 32534

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

P
FOREMAN, MARCIA A.
1015 W. MORENO ST.
PENSACOLA, FL 32501
☒ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 (2)(F)(G), 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:

Marcia A. Foreman, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95
DATE

(904) 438-2300
TELEPHONE #