FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 01 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000063938 (3)

CHILD'S CITY DRUGS, INC. Principal Place of Business Mailing Address 1612 N PACE BLVD 1612 N PACE BLVD PENSACOLA FL 32505 PENSACOLA FL 32505 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/31/1993 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-3201317 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Zip Z_Ip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CLAYTON, RICHARD C 1612 N PACE BLVD Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32505 83 City 11. Pursuant to the provisions of Sections office or registered agent, or both, in agent 1 am familiar wife, and accept .0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered creange was authorized by the corporation's board of directors. I hereby accept the appoint 507,0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE THUE 11 TITLE Change Addition MORRIS, ALLAN NAME 1.2 NAME 308 W HARTWOOD DR STREET ADDRESS 1.3 STREET ADDRESS RAINBOW CITY AL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE CLAYTON, RICHARD C NAME 2.2 NAME 1612 N PACE BLVD STREET ADDRESS 2.3 STREET ADDRESS PENSACOLA FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change ■ Addition TITLE PARMER, DONALD R NAME 3.2 NAME 969 KRISTANNA DR STREET ADDRESS **3 3 STREET ADDRESS** PANAMA CITY FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change ☐ Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. Thereby 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 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 without address.