FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 1:48

DOCUMENT # P94000038623 (2)

1. Corporation Name
POLK CITY PHARMACY, INC.

Principal Place of Business	Mailing Address
4506 L.B. MCLEOD RD. SUITE F ORLANDO FL 32811	P.O. BOX 53-6576 ORLANDO FL 32811

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/17/1994
3a. Date of Last Report:

2. Principal Place of Business (21):
Suite, Apt. #, etc. (22):
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

4. FEI Number: 59-3250370 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

SIMSER, THOMAS S JR
390 N. ORANGE AVE.
SUTIE 600
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81
82 STEPHEN P. GRIGGS
83 4506 LB MCLEOD ROAD
84 SUITE F
ORLANDO FL 32811

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: Stephen P. Griggs 2/6/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KENNEDY, WILLIAM P 4506 L.B. MCLEOD RD. SUITE F ORLANDO FL 32811	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DELETE	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALKER, WILLIAM A II 250 PARK AVENUE SOUTH 5TH FLOOR WINTER PARK FL 32789	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DELETE	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRIGGS, STEPHEN P 4506 L.B. MCLEOD RD. SUITE F ORLANDO FL 32811	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS	PRES/ASST SEC/DIR	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP			SEC/TREAS/DIRECTOR REBECCA R. IRISH 4506 LB MCLEOD RD., STE F. ORLANDO FL 32811	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Rebecca R Irish 2/6/95 (407) 841-2115
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
REBECCA R. IRISH

0065873 CP