

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 07 1997 8:00am
Secretary of State

DOCUMENT # P96000084338 (8)

1. Corporation Name
WELAKA PHARMACY, INC.

Principal Place of Business
1125 N. SUMMIT STREET
CRESCENT CITY FL 32112

Mailing Address
1125 N. SUMMIT STREET
CRESCENT CITY FL 32112-1721



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/08/1996		3a. Date of Last Report	
21. State, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-3404555		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

~~FRAZER, NORMA J~~
~~1125 N SUMMIT STREET~~
~~CRESCENT CITY FL 32112~~

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81. Name		JOE H. PICKENS	
82. Street Address (P.O. Box Number is Not Acceptable)		222 N. 3 RD STREET	
83.			
84. City		PALATKA	
85. Zip Code		FL 32177	

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, in 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: *JOE H. PICKENS* JOE H. PICKENS, ESQ. 3/17/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D FRAZER, NORMA J <input type="checkbox"/> DELETE	11 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1125 N SUMMIT STREET	12 NAME	
STREET ADDRESS	CRESCENT CITY FL 32112	13 STREET ADDRESS	
CITY, ST, ZIP		14 CITY-ST-ZIP	
TITLE	D BALL, THOMAS P <input type="checkbox"/> DELETE	21 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1125 N SUMMIT STREET	22 NAME	
STREET ADDRESS	CRESCENT CITY FL 32112	23 STREET ADDRESS	
CITY, ST, ZIP		24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Norma J. Frazer* NORMA J. FRAZER 4/10/97 (904) 698-1174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)