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Apr 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000094731 (2)

1. Corporation Name
CITY DRUGS-EASTSIDE, INC.

Principal Place of Business

1612 N. PACE BLVD.
SUITE 1
PENSACOLA FL 32505

Mailing Address

1612 N. PACE BLVD.
SUITE 1
PENSACOLA FL 32505-8030

3. Date Incorporated or Qualified
11/15/1996

3a. Date of Last Report

4. FEI Number

59-3417090

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARMER, DONALD R
430 HARRISON AVENUE
PANAMA CITY FL 32401

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 of person who is president, principal officer, or registered agent, or both, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CHR
NAME CLAYTON, RICHARD C
STREET ADDRESS 1612 N. PACE BLVD. SUITE 1
CITY-ST-ZIP PENSACOLA FL 32505

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

TITLE P
NAME PARMER, DONALD R
STREET ADDRESS 430 HARRISON AVENUE
CITY-ST-ZIP PANAMA CITY FL 32401

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

TITLE S
NAME BLACKWELL, JACK K
STREET ADDRESS 2612 BRIARCLIFF ROAD
CITY-ST-ZIP PANAMA CITY FL 32405

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

TITLE T
NAME GRANT, GARRY H
STREET ADDRESS 912 COLORADO AVE
CITY-ST-ZIP LYNN HAVEN FL 32444

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
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 or is changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone

CR2E034 (9/96)