

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/15/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3417090	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PARMER, DONALD R 430 HARRISON AVENUE PANAMA CITY FL 32401		10. Name and Address of New Registered Agent 81 Name CLAYTON, RICHARD C. 82 Street Address (P.O. Box Number is Not Acceptable) 1612 N. PACE BLVD. STE. 1 83 84 City PENSACOLA FL 85 Zip Code 32505	
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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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *Richard C. Clayton* DATE 5/16/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CHR	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAYTON, RICHARD C	1.2 NAME	
STREET ADDRESS	1612 N. PACE BLVD. SUITE 1	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32505	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARMER, DONALD R	2.2 NAME	
STREET ADDRESS	430 HARRISON AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32401	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKWELL, JACK K	3.2 NAME	
STREET ADDRESS	2812 BRIARCLIFF ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32405	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT, GARRY H	4.2 NAME	
STREET ADDRESS	912 COLORADO AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL 32444	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 *Richard C. Clayton* DATE 5/16/98

CR2E034 (10/97)