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Mar 16, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000094731

1. Corporation Name
CITY DRUGS-EASTSIDE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 1612 N. PACE BLVD. SUITE 1 PENSACOLA FL 32505
 Mailing Address: 1612 N. PACE BLVD. SUITE 1 PENSACOLA FL 32505

3. Date Incorporated or Qualified: 11/15/1996
 4. FEI Number: 59-3417090
 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 owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21, 22, 23, 24
 2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
CLAYTON RICHARD C
1612 N PACE BLVD #1
PENSACOLA FL 32505

10. Name and Address of New Registered Agent
 81 Name: Donald R. Parmer
 82 Street Address (P.O. Box Number is Not Acceptable): 909 Kristanna Dr.
 83 City: Panama City
 84 State: FL
 85 Zip Code: 32405

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] DATE: [Blank]

12. OFFICERS AND DIRECTORS		
TITLE	CHR	<input checked="" type="checkbox"/> DELETE
NAME	CLAYTON, RICHARD C	
STREET ADDRESS	1612 N. PACE BLVD. SUITE 1	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE	P	<input type="checkbox"/> DELETE
NAME	PARMER, DONALD R	
STREET ADDRESS	430 HARRISON AVENUE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BLACKWELL, JACK K	
STREET ADDRESS	2612 BRIARCLIFF ROAD	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GRANT, GARRY H	
STREET ADDRESS	912 COLORADO AVE	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Donald R Parmer 3/14/99 850 5785 8888

CR2E034 (11/98)