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Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90029 037 ***150.00

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.

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

3. Date Incorporated or Qualified

11/15/1996

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip Country

28
Zip Country

24
Country

29
Country

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
FL

84 City **Panama City** **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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Donald R. Parmer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/14/99 8507858888

CR2E034 (11/98)