2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2001 8:00 am
Secretary of State

07-23-2001 90003 023 ***150.00
08-13-2001 90002 035 ***400.00

DOCUMENT # P97000015261

1. Entity Name

CITY DRUGS-PORT ST. JOE, INC.

Principal Place of Business / Mailing Address

528 Fifth Street
Port St. Joe, FL 32456

2. Principal Place of Business	3. Mailing Address
528 FIFTH STREET	P. O. BOX 2240
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT ST JOE, FL	City & State: PANAMA CITY, FL
Zip: 32456 / Country	Zip: 32402 / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3434158 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DONALD R. PARMER 909 KRISTANNA DR. PANAMA CITY, FL 32405	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. ☑ above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE DONALD R. PARMER
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE D ☐ Delete NAME PARMER, DONALD R. STREET ADDRESS 909 KRISTANA DR. CITY-ST-ZIP PANAMA CITY, FL 32405	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE D ☐ Delete NAME GRANT, GARY H. STREET ADDRESS 1603 SYDNEY LANE CITY-ST-ZIP LYNN HAVEN, FL 32444	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP

CR2E034 (11/00)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donald R Parmer — Donald R Parmer — 7/16/01 — 850-914-2652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #