

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90969 038 \*\*\*150.00

**DOCUMENT #**

1. Entity Name

CITY DRUGS-PORT ST. JOE, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

528 CECIL G. COSTIN BLVD P. O. BOX 2240

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ST JOE, FL

City & State

PANAMA CITY, FL

4. FEI Number

59-3434158

Applied For

Not Applicable

Zip

32456

Country

USA

Zip

32402

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

DONALD R. PARMER

Street Address (P.O. Box Number is Not Acceptable)

909 KRISTANA DR.

City

PANAMA CITY

FL

Zip Code  
32405

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PARMER, DONALD R.  
909 KRISTANA DR.  
PANAMA CITY, FL 32405

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GRANT, GARY H.  
1603 SYDNEY LANE  
LYNN HAVEN, FL 32444

TITLE  
NAME  
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CITY-ST-ZIP

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IN THIS SPACE**

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #

Donald R. Parmer 4/4/03 850-514-2692