FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 25 AM 8:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # S99648 (5)

1. Corporation Name
CAVANAUGH VESEY PHARMACY NO. 2, INCORPORATED

Principal Place of Business	Mailing Address
PO BOX 4375 SEMINOLE FL 34642-1375	PO BOX 4375 SEMINOLE FL 34642-1375

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/11/1991
3a. Date of Last Report: 08/17/1994

2. Principal Place of Business
21 1703 S. Missouri Ave
Suite, Apt. #, etc. 22
City & State 23 Clearwater, FL
Zip 24 34616 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 65-0302381 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

VESEY, JAMES C.
1703 S MISSOURI AVE
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 operating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	VESEY, JAMES C.	12 NAME		
STREET ADDRESS	98619 BURNING TREE CIRC.	13 STREET ADDRESS	8619	
CITY ST ZIP	SEMINOLE FL	14 CITY ST ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	VESEY, LYNDA F.	22 NAME		
STREET ADDRESS	98619 BURNING TREE CIRC.	23 STREET ADDRESS	8619	
CITY ST ZIP	SEMINOLE FL	24 CITY ST ZIP		
TITLE	STD	31 TITLE		☐ Change ☐ Addition
NAME	CAVANAUGH, JAMES D.	32 NAME		
STREET ADDRESS	486 HARBOR DR. SOUTH	33 STREET ADDRESS		
CITY ST ZIP	INDIAN ROCKS BCH FL	34 CITY ST ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	CAVANAUGH, DOLORES M.	42 NAME		
STREET ADDRESS	486 HARBOR DR. SOUTH	43 STREET ADDRESS		
CITY ST ZIP	INDIAN ROCKS BCH FL	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: James C. Vesey JAMES C. VESEY 7/20/95 (813) 589-0288
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

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