

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 14 PM 4:24

DOCUMENT # **275094** (1)

1. Corporation Name
DAVIDSON DRUGS, INC.

Principal Place of Business Mailing Address
1261 S TAMAMI TRAIL SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/25/1963** 3a. Date of Last Report **04/11/1994**
4. FEI Number **59-1028695** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 22 Suite, Apt. #, etc.
23 City & State 24 City & State
25 Zip 26 Country 27 Zip 28 Country

9. Name and Address of Current Registered Agent
**DAVIDSON, JOHN B
8324 SANDERLING RD
SARASOTA FL 34242**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	DAVIDSON, JOHN B, JR
STREET ADDRESS	8324 SANDERLING RD
CITY - ST - ZIP	SARASOTA, FL 00000
TITLE	D
NAME	DAVIDSON, ROBERT
STREET ADDRESS	1222 POINT CRISP ROAD
CITY - ST - ZIP	SARASOTA, FL 00000
TITLE	PSD
NAME	DAVIDSON, JOHN B
STREET ADDRESS	8324 SANDERLING RD
CITY - ST - ZIP	SARASOTA, FL 00000
TITLE	D
NAME	DAVIDSON, RICHARD
STREET ADDRESS	1222 POINT CRIPS ROAD
CITY - ST - ZIP	SARASOTA, FL 00000
TITLE	D
NAME	DAVIDSON, SUZANNE
STREET ADDRESS	8324 SANDERLING RD
CITY - ST - ZIP	SARASOTA, FL 00000
TITLE	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1586 EASTBROOK DRIVE
2.4 CITY - ST - ZIP	SARASOTA, FL 34231
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 do hereby certify that the information appearing on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 omitted with agreement with an address.

SIGNATURE: *Sandra B. Mortham* 3/29/95 813-365-1515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #