

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **275094** (1)
1. Corporation Name
DAVIDSON DRUGS, INC.



Principal Place of Business Mailing Address
1281 S TAMiami TRAIL SARASOTA FL 34239

2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified 10/25/1963	3a. Date of Last Report 04/14/1995
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1028695	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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
	8 Name
	8 Street Address (P.O. Box Number is Not Acceptable)
	7 City
	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abovesigned 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 _____ (NOTE: Registered Agent must be a natural person who is at least 18 years of age at the time of registration.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D DAVIDSON, JOHN B, JR 8324 SANDERLING RD SARASOTA, FL 00000	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSON, JOHN B, JR	STREET ADDRESS	
STREET ADDRESS	8324 SANDERLING RD	CITY-STATE-ZIP	
CITY-STATE-ZIP	SARASOTA, FL 00000		
TITLE	D DAVIDSON, ROBERT	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSON, ROBERT	STREET ADDRESS	
STREET ADDRESS	1586 EASTBROOK DRIVE	CITY-STATE-ZIP	
CITY-STATE-ZIP	SARASOTA FL		
TITLE	PSD DAVIDSON, JOHN B	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSON, JOHN B	STREET ADDRESS	
STREET ADDRESS	8324 SANDERLING RD	CITY-STATE-ZIP	
CITY-STATE-ZIP	SARASOTA, FL 00000		
TITLE	D DAVIDSON, RICHARD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSON, RICHARD	STREET ADDRESS	
STREET ADDRESS	1222 POINT CRIPS ROAD	CITY-STATE-ZIP	
CITY-STATE-ZIP	SARASOTA, FL 00000		
TITLE	D DAVIDSON, SUZANNE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSON, SUZANNE	STREET ADDRESS	
STREET ADDRESS	8324 SANDERLING RD	CITY-STATE-ZIP	
CITY-STATE-ZIP	SARASOTA, FL 00000		
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-STATE-ZIP	
CITY-STATE-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)(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 on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)