

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Mar 26 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # 275094

(1)

1. Corporation Name
DAVIDSON DRUGS, INC.



Principal Place of Business
**1281 S TAMiami TRAIL
SARASOTA FL 34239**

Mailing Address
**1281 S TAMiami TRAIL
SARASOTA FL 34239-2200**

3. Date Incorporated or Qualified **10/25/1963** 3a. Date of Last Report **04/17/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **59-1028695** Applied For
Not Applicable

21. State, Apt. #, etc.

26. State, Apt. #, etc.

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

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAVIDSON, JOHN B
8324 SANDERLING RD
SARASOTA FL 34242**

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

(Sign in blue ink for printed name of registered agent and filer, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-----------------|------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | DAVIDSON, JOHN B, JR | |
| STREET ADDRESS | 8324 SANDERLING RD | |
| CITY - ST - ZIP | SARASOTA, FL 00000 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | DAVIDSON, ROBERT | |
| STREET ADDRESS | 1588 EASTBROOK DRIVE | |
| CITY - ST - ZIP | SARASOTA FL | |
| TITLE | PSD | <input type="checkbox"/> DELETE |
| NAME | DAVIDSON, JOHN B | |
| STREET ADDRESS | 8324 SANDERLING RD | |
| CITY - ST - ZIP | SARASOTA, FL 00000 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | DAVIDSON, RICHARD | |
| STREET ADDRESS | 1222 POINT CRIPS ROAD | |
| CITY - ST - ZIP | SARASOTA, FL 00000 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | DAVIDSON, SUZANNE | |
| STREET ADDRESS | 8324 SANDERLING RD | |
| CITY - ST - ZIP | SARASOTA, FL 00000 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | |
|---------------------|---|
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 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 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 and content 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:

John B Davidson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-97 941-365-1515

Date

Daytime Phone #

CR2E034 (9/96)