

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

**FILED**

**Jan 30 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 # 283944 (7)**

**1. Corporation Name  
PARK DRUGS INC**



**Principal Place of Business**  
700 EAST OCEAN BLVD  
STUART FL 34994

**Mailing Address**  
700 EAST OCEAN BLVD  
STUART FL 34994-2389

**3. Date Incorporated or Qualified**  
08/03/1964

**3a. Date of Last Report**  
01/31/1996

**2. Principal Place of Business**

**21.** Suite, Apt. #, etc.

**22.** City & State

**23.** Zip Country

**24.** **25.** **29.** **30.**

**4. FEI Number**  
59-1059219

**Applied For**  
 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**

**10. Name and Address of New Registered Agent**

**JUSTICE, CHARLES W  
18 MIDDLE ROAD  
STUART FL 34996**

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**TITLE** **P**  DELETE

**NAME** JUSTICE, CHARLES W

**STREET ADDRESS** 1016 TERRACE ROAD

**CITY - ST - ZIP** JENSEN BEACH FL

**11 TITLE** PRESIDENT  Change  Addition

**12 NAME**

**13 STREET ADDRESS**

**14 CITY - ST - ZIP**

**TITLE** **S**  DELETE

**NAME** JUSTICE, AMY S

**STREET ADDRESS** 18 MIDDLE ROAD

**CITY - ST - ZIP** STUART FL

**21 TITLE** SECRETARY/TREASURER  Change  Addition

**22 NAME** CHARLES E. JUSTICE

**23 STREET ADDRESS** 3867 NE HOLLY CREEK DR

**24 CITY - ST - ZIP** JENSEN BEACH FL 34957

**TITLE** **VPT**  DELETE

**NAME** EDWARD JUSTICE

**STREET ADDRESS** 18 MIDDLE RD.

**CITY - ST - ZIP** STUART FL

**31 TITLE** VICE PRESIDENT  Change  Addition

**32 NAME** EDWARD A JUSTICE

**33 STREET ADDRESS** 18 MIDDLE RD

**34 CITY - ST - ZIP** STUART FL 34996

**TITLE**  DELETE

**NAME**

**STREET ADDRESS**

**CITY - ST - ZIP**

**4.1 TITLE**  Change  Addition

**4.2 NAME**

**4.3 STREET ADDRESS**

**4.4 CITY - ST - ZIP**

**TITLE**  DELETE

**NAME**

**STREET ADDRESS**

**CITY - ST - ZIP**

**5.1 TITLE**  Change  Addition

**5.2 NAME**

**5.3 STREET ADDRESS**

**5.4 CITY - ST - ZIP**

**TITLE**  DELETE

**NAME**

**STREET ADDRESS**

**CITY - ST - ZIP**

**6.1 TITLE**  Change  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 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:** \_\_\_\_\_ **1-15-97** **561-287-3201**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)