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**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90052 032 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 283944

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/03/1964

4. FEI Number

59-1059219

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JUSTICE, CHARLES W  
 18 MIDDLE RD.  
 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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE ST  DELETE

NAME JUSTICE, CHARLES E

STREET ADDRESS 3267 NE HOLLY CREEK DR

CITY-ST-ZIP JENSEN BEACH FL

TITLE VP  DELETE

NAME EDWARD JUSTICE

STREET ADDRESS 18 MIDDLE RD.

CITY-ST-ZIP STUART FL

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS 1674 N.W. Spruce Ridge Dr

1.4 CITY-ST-ZIP Stuart, FL 34994

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS 920 N.W. Water Lily Pl.

2.4 CITY-ST-ZIP Jensen Beach, FL 34957

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

22 Feb 99 (561) 287-19049

CR2E034 (11/98)