

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

**FILED**

**May 28 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # 450063 (3)**

**1. Corporation Name  
BO-MAR DRUGS, INC**



**Principal Place of Business Mailing Address  
12909 S.E. HWY. C-25 BOX 848 OKLAWAHA FL 32179 12909 S.E. HWY. C-25 BOX 848 OKLAWAHA FL 32183-0848**

**3. Date Incorporated or Qualified 03/25/1974 3a. Date of Last Report 12/30/1996**

**2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-1518923 Applied For Not Applicable**  
**22. Suite, Apt. #, etc. 27. Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required**  
**23. City & State 28. City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees**  
**24. Zip 25. Country 29. Zip 30. Country 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**

**MERCHANT, HARRY M  
12909 S.E. HWY C-25  
OKLAWAHA FL 32179**

**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	STV MERCHANT, WILLIAM 4021 SE 38TH ST. OCALA FL	1.1 TITLE	Change Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	P MERCHANT, HARRY M 12909 S.E. HWY. C-25 OKLAWAHA FL 32179	2.1 TITLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: [Signature] 5-20-97 352-244-3961**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 000000

CR2E034 (9/96)