

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 JUL 24 AM 7:04

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # G92448 (1)
1. Corporation Name
HILLIARD PHARMACY, INC.

Principal Place of Business Mailing Address
207 NORTH U.S. 1 207 NORTH U.S. 1
P.O. BOX 250 P.O. BOX 250
HILLIARD FL 32046 HILLIARD FL 32046

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/22/1984		05/01/1996	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		59-2395236		Not Applicable	
24 Country		30 Country		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 owes or has paid the current year Intangible Personal Property Tax due June 30.		Yes No	

9. Name and Address of Current Registered Agent

BURGESS, GRANVILLE C.
303 CENTRE STREET
SUITE 200
FERNANDINA BEACH FL 32034

10. Name and Address of New Registered Agent

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	ST WAINRIGHT, MARION	1.1 TITLE	
NAME	MATTHEW RD.	1.2 NAME	
STREET ADDRESS	FOLKSTON GA 31537	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V WAINRIGHT, DIANE	2.1 TITLE	
NAME	MATTHEW RD.	2.2 NAME	
STREET ADDRESS	FOLKSTON GA 31537	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	P THIGPEN, KAREN W.	3.1 TITLE	
NAME	701 KINGSLAND DR	3.2 NAME	
STREET ADDRESS	FOLKSTON GA 31537	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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

KAREN W. THIGPEN 9/12/97 (904) 845-3371

CR2E034 (4/97)

7/17/97

2-2

Dear Sir:

Enclosed is a second copy of our annual corporation report. We mailed the first in April with a check for \$165.00.

We phoned our bank & the first check has never been cashed.

I have enclosed a second check & a copy of our report. I spoke with Melissa in your office & she instructed us to send another check for \$165.00 & the second report. Since our report was apparently lost in the mail, she said the late fee would be waived.

Thank you for your help.

Sincerely,

Karen Huggins