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Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90094 010 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # G92448

1. Corporation Name
HILLIARD PHARMACY, INC.



Principal Place of Business

207 NORTH U.S. 1
P.O. BOX 250
HILLIARD FL 32046

Mailing Address

207 NORTH U.S. 1
P.O. BOX 250
HILLIARD FL 32046

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/22/1984

4. FEI Number

59-2395236

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

21 **2544 North Kings Rd.**

2a. Mailing Address

26 **2544 North Kings Rd.**

Suite, Apt. #, etc.

22 **PO Box 250**

Suite, Apt. #, etc.

27 **PO Box 250**

City & State

23 **Hilliard, FL 1**

City & State

28 **Hilliard, FL**

Zip

24 **32046**

Country

25 **Nassau**

Zip

29 **32046**

Country

30 **Nassau**

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

TITLE **ST** ☐ DELETE
NAME **WAINRIGHT, MARION**
STREET ADDRESS **MATTHEW RD.**
CITY-ST-ZIP **FOLKSTON GA 31537**

TITLE **V** ☐ DELETE
NAME **WAINRIGHT, DIANE**
STREET ADDRESS **MATTHEW RD.**
CITY-ST-ZIP **FOLKSTON GA 31537**

TITLE **P** ☐ DELETE
NAME **THIGPEN, KAREN W.**
STREET ADDRESS **701 KINGSLAND DR**
CITY-ST-ZIP **FOLKSTON GA 31537**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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:

Karen W. Thigpen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/99 (904) 845-3371
Date Daytime Phone #

CR2E034 (11/98)