

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J24113 (9)**

1. Corporation Name: **SANFORD DISCOUNT DRUGS, INC.**



Principal Place of Business: **2927 H. ORLANDO DRIVE SANFORD FL 32773**  
Mailing Address: **2927 H. ORLANDO DRIVE SANFORD FL 32773**

2. Principal Place of Business: 21 State Apt. #, etc. 22 City & State 23 Zip Country 24 25 26 27 28 29 30

3. Date Incorporated or Qualified: **07/14/1986**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-2694812**  
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. 190.032, Florida Statutes:  Yes  No

**g. Name and Address of Current Registered Agent**

**VOGES, WILLIAM J.  
525 FENTRESS BLVD  
DAYTONA BEACH FL 32114**

**10. Name and Address of New Registered Agent**  
81 Name  
82 Street Address (P.O. Box Numbers 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 607.0535, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	DP	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	LETCWORTH, STEPHEN G.	2. NAME	
3. STREET ADDRESS	125 LARKWOOD DRIVE	3. STREET ADDRESS	
4. CITY, ST, ZIP	SANFORD FL	4. CITY, ST, ZIP	
5. TITLE	S	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	LETCWORTH, CAROL V.	6. NAME	
7. STREET ADDRESS	125 LARKWOOD DRIVE	7. STREET ADDRESS	
8. CITY, ST, ZIP	SANFORD FL	8. CITY, ST, ZIP	
9. TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, ST, ZIP		12. CITY, ST, ZIP	
13. TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY, ST, ZIP		16. CITY, ST, ZIP	
17. TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY, ST, ZIP		20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, or 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: *S.G. Letcworth* **S.G. LETCWORTH** 2-23-96 407/321 8860  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)