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**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90041 030 \*\*\*150.00

001/031

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **J24113**

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/14/1986**

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 owes the current year Intangible Personal Property Tax:  Yes  No

2. Principal Place of Business: **2921 ORLANDO DRIVE SUITE 130 SANFORD FL**

2a. Mailing Address: **2921 ORLANDO DRIVE SUITE 130 SANFORD FL**

23. City & State: **SANFORD FL**

24. Zip: **32773** Country: **SEMINOLE**

9. 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 Number is Not Acceptable): \_\_\_\_\_

83 \_\_\_\_\_

84 City: \_\_\_\_\_ State: **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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP LETCHEWORTH, STEPHEN G.	1.1 TITLE	DP LETCHEWORTH, STEPHEN G.
NAME		1.2 NAME	
STREET ADDRESS	<del>125 LARKWOOD DRIVE</del>	1.3 STREET ADDRESS	278 EVANSDALE ROAD
CITY-ST-ZIP	<del>SANFORD FL</del>	1.4 CITY-ST-ZIP	LAKE MARY FL 32746
TITLE	S LETCHEWORTH, CAROL V.	2.1 TITLE	S LETCHEWORTH, CAROL V.
NAME		2.2 NAME	
STREET ADDRESS	<del>125 LARKWOOD DRIVE</del>	2.3 STREET ADDRESS	278 EVANSDALE ROAD
CITY-ST-ZIP	<del>SANFORD FL</del>	2.4 CITY-ST-ZIP	LAKE MARY FL 32746
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* **1-6-99** **407/321-8860**

CR2E034 (11/98)