

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 182185

**Entity Name:** COOPERS DRUGS INC

**Current Principal Place of Business:**

700 E. BUSINESS HWY. 98  
PANAMA CITY, FL 32401

**FILED**  
**Apr 07, 2021**  
**Secretary of State**  
**7702029520CC**

**Current Mailing Address:**

P. O. BOX 72188  
ALBANY, GA 31708 US

**FEI Number:** 59-0730699

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

PICKENS, RONALD O  
8140 POPE ST  
SNEADS, FL 32460 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** RONALD O PICKENS

04/07/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name SHARPE, FRED F  
Address P. O. BOX 72188  
City-State-Zip: ALBANY GA 31708

Title VP  
Name SCOTT, LENDON  
Address 479 FORRESTER RD  
City-State-Zip: DOTHAN AL 36301

Title VP  
Name COTTRELL, DANNY  
Address 114 BROOKS BLVD  
City-State-Zip: BREWTON AL 36426

Title VP  
Name STRICKLAND, MICHAEL  
Address 1100 CORSBIE ST SW  
City-State-Zip: HARTSELLE AL 35640

Title SECRETARY  
Name ALLIGOOD, TRACY C  
Address 1504 US HIGHWAY 19 S  
City-State-Zip: LEESBURG GA 31763

Title DIRECTOR  
Name SHARPE, THOMAS  
Address 1504 US HIGHWAY 19 S  
City-State-Zip: LEESBURG GA 31763

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** TRACY ALLIGOOD

**CORPORATE  
SECRETARY**

04/07/2021

Electronic Signature of Signing Officer/Director Detail

Date