

2018 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**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
2145 LEGION RD
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

02/27/2018

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	VP
Name	NORMAN, PAULA B
Address	1504 US HWY 19 SOUTH
City-State-Zip:	LEESBURG GA 31763

Title	SECRETARY
Name	ALLIGOOD, TRACY C
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**SECRETARY**

02/27/2018

Electronic Signature of Signing Officer/Director Detail

Date