

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005575

Entity Name: ASSOCIATED PHARMACIES, INC.

Current Principal Place of Business:

211 LONNIE E. CRAWFORD BLVD
SCOTTSBORO, AL 35769

Current Mailing Address:

211 LONNIE E. CRAWFORD BLVD
SCOTTSBORO, AL 35769

FEI Number: 63-0955621

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY, TREASURER, VP
Name FOSHEE, KEVIN
Address 211 LONNIE E. CRAWFORD BLVD
City-State-Zip: SCOTTSBORO AL 35769

Title PRESIDENT
Name KING, CLINT
Address 211 LONNIE E. CRAWFORD BLVD
City-State-Zip: SCOTTSBORO AL 35769

Title DIRECTOR
Name JACKSON, KEN
Address 2301 OKEECHOBEE ROAD
City-State-Zip: FT. PIERCE FL 34950

Title DIRECTOR
Name LITMER, JIM
Address 130 ELM STREET
City-State-Zip: LUDLOW KY 41016

Title DIRECTOR
Name PIGG, GRAHAM (BUDDY)
Address 2622 E MAIN STREET
City-State-Zip: LINCOLNTON NC 28092

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: KEVIN FOSHEE

SECRETARY

04/26/2019

Electronic Signature of Signing Officer/Director Detail

Date