

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000003309

**Entity Name:** AMERICAN ASSOCIATED PHARMACIES INC.

**Current Principal Place of Business:**

201 LONNIE E. CRAWFORD BOULEVARD  
SCOTTSBORO, AL 35769

**Current Mailing Address:**

201 LONNIE E. CRAWFORD BOULEVARD  
SCOTTSBORO, AL 35769 US

**FEI Number:** 27-0457933

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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            PRESIDENT, CEO  
Name            COPELAND, JON  
Address        201 LONNIE E. CRAWFORD  
                  BOULEVARD  
City-State-Zip: SCOTTSBORO AL 35769

Title            SECRETARY, TREASURER  
Name            FOSHEE, KEVIN  
Address        201 LONNIE E. CRAWFORD  
                  BOULEVARD  
City-State-Zip: SCOTTSBORO AL 35769

Title            DIRECTOR  
Name            STEVERSON, WILLIAM  
Address        1242 MAIN STREET  
City-State-Zip: CHIPLEY FL 32428

Title            DIRECTOR  
Name            STEPHENS, SPENCER  
Address        13521 SHELBY COUNTY 280, STE 245  
City-State-Zip: BIRMINGHAM AL 35242

Title            DIRECTOR  
Name            DINGMAN, DAVID  
Address        464 MAIN ST  
City-State-Zip: PHOENIX NY 13135

Title            DIRECTOR  
Name            MARTINEZ, SONIA  
Address        6627 SOUTH DIXIE HWY  
City-State-Zip: MIAMI FL 33134

Title            DIRECTOR  
Name            MITCHELL, GREG  
Address        221 WEST HALL STREET  
City-State-Zip: HATCH NM 87937

Title            DIRECTOR  
Name            MEYER, JOSEPH  
Address        1 S MAIN STREET  
City-State-Zip: SHERIDAN WY 82801

**Continues on page 2**

*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**

**04/22/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name DALTON, JOE  
Address 141 S DALTON ST  
City-State-Zip: SLOCOMB AL 36375

Title DIRECTOR  
Name NORBERG, JAY  
Address 101 WEST MAIN STREET  
City-State-Zip: PIPESTONE MN 56164

Title DIRECTOR  
Name BECKER, SHANE  
Address 100-A CHAPEL DRIVE  
City-State-Zip: MONET MO 65708

Title DIRECTOR  
Name VASOYA, JACK  
Address 752 E. ARROW HIGHWAY  
City-State-Zip: POMONA CA 91767

Title DIRECTOR  
Name HARRELL, JEFF  
Address 101 1ST AVENUE S  
City-State-Zip: ILWACO WA 98624