

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 007908

(7)

1. Corporation Name

ARCADIA DRUG STORE



Principal Place of Business

120 W. OAK ST.
P.O. BOX 584
ARCADIA FL 33821

Mailing Address

120 W. OAK ST.
P.O. BOX 584
ARCADIA FL 33821

3. Date Incorporated or Qualified
01/01/1916

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MUNDELL, J.R.
523 EAST MAGNOLIA
ARCADIA FL 33821

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PAULI, LAWRENCE W	
STREET ADDRESS	489 SUNRISE TR	
CITY-ST-ZIP	PT CHARLOTTE, FL 00000	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MUNDELL, J R	
STREET ADDRESS	523 E MAGNOLIA DR	
CITY-ST-ZIP	ARCADIA, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MUNDELL, B J	
STREET ADDRESS	523 E MAGNOLIA DR	
CITY-ST-ZIP	ARCADIA, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MUNDELL, GARY J.	
STREET ADDRESS	118 W. OAK STREET	
CITY-ST-ZIP	ARCADIA, FL 33821	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HUDSON, KATHLEEN	
STREET ADDRESS	523 E MAGNOLIA ST	
CITY-ST-ZIP	ARCADIA, FL 33821	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROBERT L OLIVE 111	
1.3 STREET ADDRESS	1110 SW SCOTT DRIVE	
1.4 CITY-ST-ZIP	ARCADIA, FL 33821	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, on an attachment with an address.

SIGNATURE:

J.R. Mundell
J.R. Mundell

Date

Day and Phone #

CR2E034 (12/95)