

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Jeffrey A. Mouton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 141098

(4)

1. Corporation Name

WILSON DRUG COMPANY

95 APR 21 AM 9:11

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

800 EAST MAIN STREET
PO BOX 781
BARTOW FL 33830

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PO BOX 781
BARTOW FL 33830

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/24/1941

3a. Date of Last Report

04/25/1995

4. FCI Number

59-0513089

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Do you intend to file a report under Chapter 607, Florida Statutes?

☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

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City & State

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PHILLIPS JR., FRANK F.
865 LILA ST
BARTOW FL 33830

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	PHILLIPS JR., FRANK F
STREET ADDRESS	865 LILA ST.
CITY - ST - ZIP	BARTOW FL.
TITLE	ST
NAME	PHILLIPS, ADDIE J
STREET ADDRESS	865 LILA ST.
CITY - ST - ZIP	BARTOW FL.
TITLE	D
NAME	PHILLIPS, ADDIE J.
STREET ADDRESS	865 LILA STREET
CITY - ST - ZIP	BARTOW FL
TITLE	VD
NAME	BOSWELL, SR., C.A.
STREET ADDRESS	150 E. DAVIDSON
CITY - ST - ZIP	BARTOW FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ 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, or on an attachment with an address.

SIGNATURE:

Frank J. Phillips Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/95 813-533-8881
DATE (Day/Mo/Yr)