

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 # **141098** (4)

1. Corporation Name
WILSON DRUG COMPANY



Principal Place of Business: 905 EAST MAIN STREET, PO BOX 781, BARTOW FL 33830
Mailing Address: 905 EAST MAIN STREET, PO BOX 781, BARTOW FL 33830

3. Date Incorporated or Qualified: 10/24/1941
3a. Date of Last Report: 04/21/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number 59-0513089	Applied For	
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fees Required
23	City & State	27	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	28	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
25	Country	29	Country				

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

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD PHILLIPS JR., FRANK F. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	865 LILA ST.	1.2 NAME	
STREET ADDRESS	BARTOW FL.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PHILLIPS, ADDIE J. <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
TITLE	865 LILA ST.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTOW FL.	2.2 NAME	
STREET ADDRESS	D PHILLIPS, ADDIE J. <input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
CITY-ST-ZIP	865 LILA STREET	2.4 CITY-ST-ZIP	
TITLE	BARTOW FL. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD BOSWELL, SR., C.A. <input type="checkbox"/> DELETE	3.2 NAME	
STREET ADDRESS	150 E. DAVIDSON	3.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL. <input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.* 4-26-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)