

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 147214 (1)

1. Corporation Name  
BAY DRUGS INC

Principal Place of Business

435 S GULFSTREAM  
207  
SARASOTA FL 34236  
US

Mailing Address

435 S GULFSTREAM  
207  
SARASOTA FL 34236-6708  
US

3. Date Incorporated or Qualified  
05/28/1946

3a. Date of Last Report  
02/14/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

4. FEI Number  
59-0551061

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACKSON, JAMES R.  
435 S GULFSTREAM SUITE 207  
SARASOTA FL 34236

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME BERLIN, F G  
STREET ADDRESS 555 S. GULFSTREAM  
CITY-ST-ZIP SARASOTA FL

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 435 S. Gulfstream, Suite 207  
1.4 CITY-ST-ZIP Sarasota, FL 34236

TITLE D ☒ DELETE  
NAME BERLIN, MILDRED C  
STREET ADDRESS 555 S. GULFSTREAM  
CITY-ST-ZIP SARASOTA FL

2.1 TITLE VPTD ☐ Change ☒ Addition  
2.2 NAME Jackson, James R.  
2.3 STREET ADDRESS 435 S. Gulfstream, Suite 207  
2.4 CITY-ST-ZIP Sarasota, FL 34236

TITLE DTV ☐ DELETE  
NAME BERLIN, F.G., JR.  
STREET ADDRESS 2439 BEE RIDGE RD..  
CITY-ST-ZIP SARASOTA FL

3.1 TITLE VPD ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 435 S. Gulfstream, Suite 207  
3.4 CITY-ST-ZIP Sarasota, FL 34236

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE S ☐ Change ☒ Addition  
4.2 NAME Markey, Eileen M  
4.3 STREET ADDRESS 435 S. Gulfstream, Suite 207  
4.4 CITY-ST-ZIP Sarasota, FL 34236

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-97

941-365-2757

Date

Daytime Phone #

CR2E034 (9/96)