

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 175375 (5)

1. Corporation Name

GRESHAM DRUGS, INC.



Principal Place of Business

3210 S.W. 40TH BLVD
GAINESVILLE FL 32608

Mailing Address

3210 S.W. 40TH BLVD
GAINESVILLE FL 32608

3. Date Incorporated or Qualified
09/23/1953

3a. Date of Last Report
04/18/1995

4. FEI Number

59-0699817

Applied For

Not Applicable

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

GRESHAM, STEVEN M.
3210 SW 40TH BLVD.
GAINESVILLE FL 32608

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent (if not the same as the corporation's)

Signature of Registered Agent's predecessor (if any)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
PD	GRESHAM, STEVEN M.	4500 SW 80TH PLACE	GAINESVILLE FL	☐
STD	GRESHMAN, ELISE H.	4500 SW 80TH PLACE	GAINESVILLE FL	☐
V	ROGERS, TIMOTHY R.	ROUTE 2, BOX 663	GAINESVILLE FL	☐
V	VAN DUYN, PETER	ROUTE BOX 2075	MELROSE FL	☐
				☐
				☐

13.

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	☐ Change	☐ Addition
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	☐	☐
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	☐	☐
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	☐	☐
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	☐	☐
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	☐	☐
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	☐	☐

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 recorder 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

PETER VAN DUYN

5-10-96

352-338-6261

CR2E034 (12/95)