

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 24, 1999 8:00 am
Secretary of State

06-24-1999 90004 019 ***558.75

DOCUMENT # 175375 ✓
1. Corporation Name
GRESHAM DRUGS, INC.

Principal Place of Business Mailing Address
3210 SW 40TH BLVD 3210 S.W. 40TH BLVD
GAINESVILLE FL 32608 GAINESVILLE FL 32608

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-0699817	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	Trust Fund Contribution	
23	28	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip	Country		
24	25		
	29		
	30		

3. Date Incorporated or Qualified **09/23/1953**

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GRESHAM, STEVEN M.		81 Name	
3210 SW 40TH BLVD		82 Street Address (P.O. Box Number is Not Acceptable)	
GAINESVILLE FL 32608		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT / CEO <input type="checkbox"/> DELETE	1.1 TITLE	VP-COO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRESHAM, STEVEN M.	1.2 NAME	PAULA MOYER
STREET ADDRESS	4500 SW 80TH PLACE	1.3 STREET ADDRESS	3210 S.W. 40 BLVD
CITY-ST-ZIP	GAINESVILLE FL 32608	1.4 CITY-ST-ZIP	GAINESVILLE FL 32608
TITLE	SECRETARY / TREASURER <input type="checkbox"/> DELETE	2.1 TITLE	EXECUTIVE VICE PRES. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRESHAM, ELISE	2.2 NAME	ERNEST MOYER
STREET ADDRESS	4500 SW 80TH PLACE	2.3 STREET ADDRESS	3210 S.W. 40 BLVD
CITY-ST-ZIP	GAINESVILLE FL 32608	2.4 CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	ROGERS, TIMOTHY <input type="checkbox"/> DELETE	3.1 TITLE	CONTROLLER, CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICE President	3.2 NAME	VIVIAN BOZA, CPA
STREET ADDRESS	Rt 2, Box 643	3.3 STREET ADDRESS	3210 S.W. 40 BLVD
CITY-ST-ZIP	GAINESVILLE, FL 32601	3.4 CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peter Van Dyne	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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, with all other like empowered.

SIGNATURE: **Ernest Moyer, EVP** Date: **6/12/99** Daytime Phone #: **(352) 379-6195**

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