

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

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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

3. Date Incorporated or Qualified

09/23/1953

4. FEI Number

59-0699817

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New 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 607.0502 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 PRESIDENT / CEO ☐ DELETE
NAME GRESHAM, STEVEN M.
STREET ADDRESS 4500 SW 80TH PLACE
CITY-ST-ZIP GAINESVILLE FL 32608

1.1 TITLE VP-COO ☐ Change ☒ Addition
1.2 NAME PAULA MOYER
1.3 STREET ADDRESS 3210 S.W. 40 BLVD
1.4 CITY-ST-ZIP GAINESVILLE FL 32608

TITLE SECRETARY / TREASURER ☐ DELETE
NAME GRESHAM, ELISE
STREET ADDRESS 4500 SW 80TH PLACE
CITY-ST-ZIP GAINESVILLE FL 32608

2.1 TITLE EXECUTIVE VICE PRES. ☐ Change ☒ Addition
2.2 NAME ERNEST MOYER
2.3 STREET ADDRESS 3210 S.W. 40 BLVD
2.4 CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE ROGERS, TIMOTHY ☐ DELETE
NAME VICE President
STREET ADDRESS Rt 2, Box 663
CITY-ST-ZIP GAINESVILLE, FL 32601

3.1 TITLE CONTROLLER, CFO ☐ Change ☒ Addition
3.2 NAME VIVIAN BOZA, CPA
3.3 STREET ADDRESS 3210 S.W. 40 BLVD
3.4 CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE VICE PRESIDENT ☒ DELETE
NAME Peter Van Dyne
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ERNEST MOYER, EVP 6/12/99 (352) 379-6195

CR2E034 (1/98)