


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

FILED
Mar 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 277023 (8)					
1. Corporation Name SERVICE DRUG COMPANY OF DEFUNIAK SPRINGS FLORIDA, INCORPORATED					
Principal Place of Business 810 BALDWIN AVENUE P.O. BOX 68 DEFUNIAK SPRINGS FL 32435 US			Mailing Address 810 BALDWIN AVENUE P.O. BOX 68 DEFUNIAK SPRINGS FL 32435 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/31/1963	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FET Number 59-1030428	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent RUTHERFORD, ALLAN P 314 PINE SHORES ROAD DEFUNIAK SPRINGS FL 32433				10. Name and Address of New Registered Agent	
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	RUTHERFORD, PERRY, C				
STREET ADDRESS	111 COLLEGE AVENUE				
CITY-ST-ZIP	DEFUNIAK SPRGS, FL 00000				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	RUTHERFORD, MARIAN, R				
STREET ADDRESS	314 PINE SHORES ROAD				
CITY-ST-ZIP	DEFUNIAK SPRGS, FL 00000				
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	RUTHERFORD, ALLAN, P				
STREET ADDRESS	314 PINE SHORES ROAD				
CITY-ST-ZIP	DEFUNIAK SPRGS, FL 00000				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	RUTHERFORD, JACKIE, C				
STREET ADDRESS	111 COLLEGE AVENUE				
CITY-ST-ZIP	DEFUNIAK SPRGS FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Allen P. Rutherford* **Allen P. Rutherford** **March 4, 1998 (850) 892-7211**

CR2E034 (10/97)