## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## May 01, 2003 8:00 am § Secretary of State DOCUMENT # 290364 05-01-2003 90130 035 \*\*\*158.75 1. Entity Name THOMAS DRUG STORE, INC. Principal Place of Business Mailing Address 11031065 1125 N SUMMIT STREET 1125 N SUMMIT ST CRESCENT CITY FL 32112 CRSCENT CITY FL 32112 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-1089030 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PICKENS, JOE H. Street Address (P.O. Box Number is Not Acceptable) 222 N 3RD ST PALATKA FL 32177 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, lyped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change [ Addition NAME FLETCHER, WARREN D NAME STREET ADDRESS STREET ADDRESS CEDAR COVE, ROUTE 309 CITY-ST-ZIP CITY-ST-ZIP **GEORGETOWN FL 32139** TITLE ☐ Delete TITLE Change ☐ Addition PD NAME NAME **BALL, THOMAS** STREET ADDRESS STREET ADDRESS STRICKLER ROAD CITY-ST-ZIP CITY-ST-ZIP LAKE COMO FL 32157 TITLE ☐ Delete TITLE ☐ Change ■ Addition S NAME BUTLER, WILLIAM E STREET ADDRESS STREET ADDRESS 229 KIRKWOOD AVE. CITY-ST-ZIP CITY-ST-ZIP POMONA PARK FL 32181 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HARRELL, DAVID G NAME STREET ADDRESS STREET ADDRESS RT 1 BOX 785 CITY-ST-ZIP CITY-ST-ZIP EAST PALATKA FL 32131 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME FLETCHER, JAMES R NAME STREET ADDRESS STREET ADDRESS 4538 SE 4TH PLACE CITY-ST-7iP CITY-ST-ZIP OCALA FL 34471 TITLE ☐ Delete TITLE Change Addition

12. 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 report or supplemental 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 receiper or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachmer with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

HOWARD, KENNETH P

RT 1 BOX 699

STARKE FL 32091

NAME

STREET ADDRESS

CITY-ST-ZIP

WIELTAM E. SUTTER