

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 291044 (6)

1. Corporation Name

FOSTER DRUGS & SURGICAL SUPPLIES, INC.



Principal Place of Business

540 13TH ST W  
BRADENTON FL 34205-4482

Mailing Address

540 13TH ST W  
BRADENTON FL 34205-4482

2. Principal Place of Business

2a. Mailing Address

21

State (Applicable)

22

City & State

23

Zip

Country

24

26

State (Applicable)

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

FLOWERS, DONALD S.  
540 13TH STREET WEST  
BRADENTON FL 34205

3. Date Incorporated or Qualified  
03/19/1965

3a. Date of Last Report  
02/14/1995

4. FEI Number

59-1061225

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has facility for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

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 607.05(2) 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 obligation of Sections 607.05(6), Florida Statutes.

SIGNATURE

Signature of Agent or Director

Signature of Agent or Director

Date

12. OFFICERS AND DIRECTORS

1. TITLE

PD  
FLOWERS, DONALD S.  
540-13TH STREET, WEST  
BRADENTON FL

☐ DELETE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY, ST, ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

☐ Change ☐ Addition

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY, ST, ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY, ST, ZIP

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)(b), 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 as an attachment with an address.

SIGNATURE:

*Donald S. Flowers*  
DONALD S. FLOWERS PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-96

(961)748-2274  
Business Phone #

CR2E034 (12/95)