

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

FILED
Sep 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 296477

1. Corporation Name

COX'S NORTH WEST PHARMACY, INC.

Principal Place of Business

2184 GULF GATE DRIVE
SARASOTA, FL 34231

Mailing Address

2184 GULF GATE DRIVE
SARASOTA, FL 34231

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/03/1965

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-1111706

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

AMAZON, NAOMI
13620 WILD CITRUS RD.
SARASOTA, FL 34240

10. Name and Address of New Registered Agent

81 Name JOHN W. PERSSE, ESQ.

82 Street Address (P.O. Box Number is Not Acceptable)
1800 SECOND STREET, SUITE 715

83

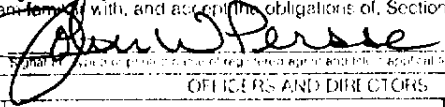
84 City SARASOTA

FL

85 Zip Code
34236

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's signature required when re-registering)

DATE

9/9/98

12. OFFICERS AND DIRECTORS

1.1 TITLE P
1.2 NAME AMAZON, FREDERICK J.
1.3 STREET ADDRESS 13620 WILD CITRUS RD.
1.4 CITY-STATE-ZIP SARASOTA, FL 34240

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

13. ADDITIONAL APPLICANTS TO OFFICERS AND DIRECTORS (BLOCK 12)

1.1 TITLE P
1.2 NAME AMAZON, FREDERICK J.
1.3 STREET ADDRESS 2184 GULF GATE DRIVE
1.4 CITY-STATE-ZIP SARASOTA, FL 34231

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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.