

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90021 001 ***150.00

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1. Entity Name

KOCH'S DRUGS, INC.



Principal Place of Business

2548 SW CR 760
ARCADIA FL 34266
US

Mailing Address

P.O. BOX 400
NOCATEE FL 34268
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1109818

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BREWER, WALTER L
2548 SW CR 760
ARCADIA FL 34266

7. Name and Address of New Registered Agent

Name

James D BREWER

Street Address (P.O. Box Number is Not Acceptable)

2548 S.W. CR 760

City

Arcadia

FL

Zip Code

34266

8. The above named agent admits 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

James D Brewer
Signature typed or printed name of registered agent and title if applicable.

James D BREWER, PRES

3/19/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME BREWER, JAMES D
STREET ADDRESS 2548 SW CR 760
CITY-ST-ZIP ARCADIA FL 34266

TITLE SD ☒ Delete
NAME BREWER, WALTER L
STREET ADDRESS 2548 SW CR 760
CITY-ST-ZIP ARCADIA FL 34266

TITLE TD ☐ Delete
NAME BREWER, ROBERT C
STREET ADDRESS 2548 SW CR 760
CITY-ST-ZIP ARCADIA FL 34266

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S/T/D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 receiver 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James D BREWER, PRES

Date

Daytime Phone #

(863) 494-4846