

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 21 1997 8:00am
Secretary of State

DOCUMENT # 299025

(7)

1. Corporation Name
OSSI'S APOTHECARY, INC.



Principal Place of Business
3839 HENDRICKS AVE
JACKSONVILLE FL 32207

Mailing Address
3839 HENDRICKS AVE
JACKSONVILLE FL 32207-5303

2. Principal Place of Business

21 9852 BAYMEADOWS RD

22 City & State

23 JACKSONVILLE FL 32256

24 32256 Country

2a. Mailing Address

26 9852 BAYMEADOWS RD

27 City & State

28 JACKSONVILLE FL

29 32256 Country

3. Date Incorporated or Qualified
12/14/1971

3a. Date of Last Report
03/12/1996

4. FEI Number
59-1148287

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 liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

OSSI, JOHN
3839 HENDRICKS AVE
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name
OSSI, JOHN
82 Street Address (P.O. Box Number is Not Acceptable)
9852 BAYMEADOWS RD
83
84 City JACKSONVILLE FL 85 Zip Code 32256

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 hereby duly and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
1.5 TITLE
1.6 NAME
1.7 STREET ADDRESS
1.8 CITY - ST - ZIP
1.9 TITLE
1.10 NAME
1.11 STREET ADDRESS
1.12 CITY - ST - ZIP
1.13 TITLE
1.14 NAME
1.15 STREET ADDRESS
1.16 CITY - ST - ZIP
1.17 TITLE
1.18 NAME
1.19 STREET ADDRESS
1.20 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I, the undersigned, 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 included 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 on Block 12 or Block 13 if changed or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0032063

CR2E034 (9/96)