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FILED  
May 13 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 325492 (7)  
1. Corporation Name  
ECKERD TOBACCO COMPANY, INC.



Principal Place of Business  
% CORP TAX DEPT  
8333 BRYAN DAIRY ROAD  
LARGO FL 34647  
US

Mailing Address  
% CORP TAX DEPT  
8333 BRYAN DAIRY ROAD  
LARGO FL 34647  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/18/1968	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1205313	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HENDRICKS, LINDA  
8333 BRYAN DAIRY RD  
ATTN RISK MANAGEMENT  
LARGO FL 33777

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AT	1.1 TITLE	
NAME	MILAM, DENNIS J	1.2 NAME	
STREET ADDRESS	8333 BRYAN DAIRY RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	
NAME	SANTO, JAMES	2.2 NAME	
STREET ADDRESS	8333 BRYAN DAIRY ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	
TITLE	VCFO	3.1 TITLE	DVCFD
NAME	WRIGHT, SAMUEL G	3.2 NAME	
STREET ADDRESS	8333 BRYAN DAIRY RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	
TITLE	VPAS	4.1 TITLE	
NAME	LEWIS, ROBERT E.	4.2 NAME	
STREET ADDRESS	8333 BYRAN DAIRY ROAD	4.3 STREET ADDRESS	8333 BRYAN DAIRY ROAD
CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP	
TITLE	DPCE	5.1 TITLE	
NAME	NEWMAN, FRANCIS A.	5.2 NAME	
STREET ADDRESS	8333 BRYAN DAIRY RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	5.4 CITY-ST-ZIP	
TITLE	VT	6.1 TITLE	
NAME	GLADYSZ, MARTIN W.	6.2 NAME	
STREET ADDRESS	8333 BRYAN DAIRY RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	6.4 CITY-ST-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.

SIGNATURE: *[Signature]* DENNIS J. MILAM *[Signature]* Int 27, 1998 (813) 395-6000

CR2E034 (10/97)