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

**CORPORATION ANNUAL REPORT** 

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #
1. Corporation Name

(6)

D & H DRUG CORPORATION

**FILED** Apr 29 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address			F BEBER DIDEL DIDEL DEBUT 1000
1902 KINGS ROAD		4215 SOUTHPOINT BLVD.	STF 100		
JACKSONVILLE FL 32209		JACKSONVILLE FL 32216			•
US				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
<u> </u>	N(D			01/29/1969	
	Place of Business	2a. Mailing Address	0.1	4, FEI Number	Applied For
21 Suite, Apt.	# oto	26 /302 King Suite, Apt #, etc.	S KOAd	59-1233682	Not Applicable
22	#, <b>GIC</b> .	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State	r	Election Campaign Financing	\$5.00 May Be
23		28 JACKsenville	, <i>FL</i>	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	
24	[25]		30 US		Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent STORME: SP CLYDE W 81 Name					
STOTILE SHOULDE IT					
1302 KINGS RD			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)	
JACKSONVILLE FL			83		
			03		
i			84 City	FL	85 Zip Code
11 Pursuant to the provisions of Sections 607 0502 and 607 1508 Florida Statutes, the above pament corporation submits this statement for the purpose of changing its registered.					
i ource our	egi <b>ste</b> red agent, or both, in the Stati <b>m fam</b> iliar with, and accept the oblic	e of Florida. Such chang <b>e wa</b> s au	athorized by the corpora	ation's board of directors. I hereby accept the app	ointment as registered
SIGNATURE					
SIGNATORE	Signature, typed or printed name of registered as	ent and title if applicable (NOTE:	Registered Agent signature requ	uired when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	PTO	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STOPHEL SRICLYDE W		1.2 NAME		
STREET ADDRESS	1302 KINGS ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 C(TY - ST - ZIP		
TITLE	8	☐ DELET <b>e</b>	2.1 TITLE		Change Addition
NAME	STOPHEL SR,CLYDE W		2.2 NAME		
STREET ADDRESS	1302 KINGS ROAD		2.3 STREET ADDRESS	•	
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CITY - ST- ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		Change Addition
NAME	ANSBACHER, LEWIS		3.2 NAME		
STREET ADDRESS	4215 SOUTHPOINT BLVD#10	00	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		<b>□</b> D€LETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS	:		6.3 STREET ADDRESS		
CITY-ST-ZIP	ortify that the information	citis this films where	6.4 CITY-ST-ZIP	0. 40. 67/0/0 5	
indicated	on this annual report of \$upplied w	viol this filing does not qualify for al annual report is true and accur	me exemption stated in ate and that my signal	n Section 119.07(3)(i), Florida Statutes. I further ce ure shall have the same legal effect as if made un	rtity that the information der oath; that I am an
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 director or this ceiver or this 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 director or this ceiver or this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on a gratian address.					