

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

FILED

May 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 371535 (6)

1. Corporation Name  
ANDREWS DRUGS OF LAKE BUTLER, INC.



Principal Place of Business 225 W. MAIN STREET LAKE BUTLER FL 32054	Mailing Address 225 W. MAIN STREET LAKE BUTLER FL 32054-1641
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2. Principal Place of Business 21 1252 S. Walnut St. 22 Suite B 23 Starke FL 24 32091	2a. Mailing Address 26 1252 S. Walnut St. 27 Suite B 28 Starke FL 29 32091	3. Date Incorporated or Qualified 10/19/1970	3a. Date of Last Report 01/24/1996	4. FEI Number 59-1312321	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent ANDREWS, JOHN H. 225 W. MAIN STREET LAKE BUTLER FL 32054	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1252 S. Walnut St. 83 Suite B. 84 Starke FL 85 Zip Code 32091
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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 signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V ANDREWS, L E 356 W. MADISON STARKE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP	V Andrews, L. E. Rt 4 Box 1038 Starke, FL 32091
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD ANDREWS, JOHN H 225 W. MAIN ST. LAKE BUTLER FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP	PD Andrews, John H. 1252 S Walnut St. Starke, FL 32091
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S ANDREWS, BRENDA 225 W. MAIN ST. LAKE BUTLER FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP	S Andrews, Brenda 1252 S Walnut St. Starke, FL 32091
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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: John H. Andrews 4-30-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)