

386921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

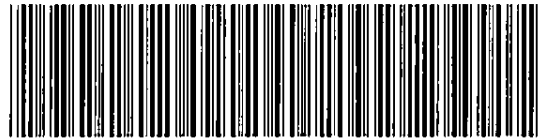
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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3-86921

3-86921

C & E DRUGS, INC.

FILED IN OFFICE OF DEPARTMENT
OF STATE, STATE OF FLORIDA
by DP on 8/11/71

RICHARD (DICK) STONE
SECRETARY OF STATE

COONEY, PALMER & BERGS

ATTORNEYS AT LAW
10 SOUTH ADAMS DRIVE
ST. ARMANDS KEY

RICHARD W. COONEY
T. DEAN PALMER
ROBERT A. BERGS

SARASOTA, FLORIDA 33578

August 10, 1971

P.O. BOX 6167
TELEPHONE 388-3666
AREA CODE 813

Department of State
The Capitol
Tallahassee, Florida 32304

Attention: Division of Corporations

Gentlemen:

Enclosed herewith please find Articles of Incorporation of C & E DRUGS, INC., form for designation of resident agent, and our check in the amount of \$47.00, computed as follows:

Charter tax.	\$30.00	AUG 11 8 - 31100 *****2.00
Filing fee	15.00	6 - 31000 *****15.00
Resident Agent Certificate	2.00	5 - 30900 *****30.00

Presuming that the enclosed documents are in order, kindly return the Certificate of Incorporation to the undersigned.

Yours very truly,

Robert A. Bergs
Robert A. Bergs

RAB/c
encls.

EFFECTIVE DATE

*Letter out
8/11/71*

*Called
8/27/71
will send
check*

EFFECTIVE DATE

Aug 10, 71

PRIVILEGE TAX	
C. TAX	30.00
FILING	15.00
C. COPY	
R. A. FEE	2.00
P. COPY	
TOTAL	47.00
BALANCE DUE	47.00
REFUND	

EFFECTIVE DATE

*15.00 P+
10.00 C+1*

FILED

AUG 11 5 16 PM '71

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

C & E DRUGS, INC.

Robert A. Bergs

Sarasota, Fla.

11 August 71

FILED

AUG 11 5 16 PM '71

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

C & E Drugs

MS 165 5 - 27500 ****10.00
MS 165 10 - 27500 ****75.00

FILED
MAY 11 5 16 PM '68
DEPARTMENT OF STATE
TALLAHASSEE, FLA.

PRIVILEGE TAX	75.00
C. TAX	10.00
FILING	
C. COPY	
R. A. FEE	
P. COPY	
SEARCH	
TOTAL	85.00
BALANCE DUE	
REFUND	

ARTICLES OF INCORPORATION
OF
C & E DRUGS, INC.

ARTICLE I

The name of the corporation shall be: C & E DRUGS, INC.

ARTICLE II

This corporation may engage in any activity or business permitted under the laws of the United States or the State of Florida.

ARTICLE III

The stock of this corporation shall consist of one hundred (100) shares of common stock of par value One Hundred Dollars (\$100.00) per share.

ARTICLE IV

The amount of capital with which the corporation shall begin business shall be not less than Ten Thousand Dollars (\$10,000.00).

ARTICLE V

The corporation shall have perpetual existence, commencing August 10, 1971, the date of subscription of these Articles.

ARTICLE VI

The initial street address of the principal office of this corporation shall be 19 North Boulevard of Presidents, Sarasota, Florida 33577.

ARTICLE VII

The number of Directors of this corporation shall be as provided in the By-Laws, but shall not be less than one nor more than five.

ARTICLE VIII

The following named persons shall constitute the first

FILED
AUG 11 9 15 AM '71
SARASOTA, FLORIDA

Board of Directors:

ROBERT J. CICORA	3465 Bee Ridge Road Sarasota, Florida
WILLIAM G. EVANS	3465 Bee Ridge Road Sarasota, Florida
ROBERT A. BERGS	55 North Washington Drive Sarasota, Florida

ARTICLE IX

The name and address of the person signing the Articles of Incorporation as subscriber is:

ROBERT A. BERGS	55 North Washington Drive Sarasota, Florida
-----------------	--

ARTICLE X

The following additional provisions for the regulation of the business and for the conduct of the affairs of the corporation are hereby adopted as a part of these Articles of Incorporation:

A. After the commencement of corporate existence, the Board of Directors shall have the right and power to adopt, modify, or extinguish, as part of the By-Laws or otherwise, and subject to approval of the shareholders holding not less than three-fourths (3/4) of the outstanding capital stock of the corporation, such limitations and restrictions upon the transferability or assignment of the capital stock of the corporation, as they may deem to be in the best interests of the corporation and the shareholders.

B. No contract, act or transaction of this corporation with any person or persons, firm or corporation in the absence of fraud shall be affected or invalidated by the fact that any officer, director or stockholder of this corporation is a party to, or is interested in, such contract, act or transaction, or in any way connected with such person or persons, firm or

corporation, and each and every person who may become an officer or director of this corporation is hereby relieved from any liability that might otherwise exist from thus contracting with this corporation for the benefit of himself or any firm association or corporation in which he may be in anywise interested. A director or stockholder of this corporation may vote upon any contract or other transaction between this corporation and any subsidiary, affiliated or controlled company, or any independent corporation, without regard to the fact that he also is a director, officer or stockholder thereof, or upon any contract or transaction to which he himself, individually, is a party.

IN WITNESS WHEREOF, the undersigned has made and subscribed these Articles of Incorporation as Sarasota, Sarasota County, Florida, this 10th day of August, 1971, for the uses and purposes aforesaid.


Robert A. Bergs (SEAL)

STATE OF FLORIDA
COUNTY OF SARASOTA

Before me, the undersigned authority, personally appeared ROBERT A. BERGS, to me well known to be the person described in and who subscribed to the above and foregoing Articles of Incorporation, and he freely and voluntarily acknowledged before me according to law that he made and subscribed the same for the uses and purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at Sarasota, Sarasota County, Florida, this 10th day of August, 1971.

Notary Public, State of Florida at Large
My Commission Expires Aug. 16, 1974
Bonded by Transamerica Insurance Co.


Cynthia J. Cunningham
Notary Public

RICHARD (DICK) STONE
Secretary of State
THE CAPITOL
TALLAHASSEE, FLA.
32304

STATE OF FLORIDA
DEPARTMENT OF STATE
PRIVILEGE TAX RETURN
FOR CORPORATIONS & OTHER ENTITIES

BLK. RT.
U.S. POSTAGE
PAID
TALLAHASSEE, FLA.
PERMIT #88

ADDRESS CORRECTION REQUESTED

386921-68-06 08/11/71

C & E DRUGS INC
19 N BLVD OF PRESIDENTS
SARASOTA FLA

33577

MAR 14th 1972 -193300 *****5.00

DATE DUE: JAN. 1, 1972

DATE DELINQUENT: MAR. 1, 1972

PLEASE TYPE **37 1320**

Change Mailing Address to: _____

Zip _____

(Exact Corporate Name)

Fed. Emp. I.D. No.

1. **C & E DRUGS, INC.**

2. **59-1355812**

(Street Address of Principal Office in Fla.)

(City)

(County)

(State)

(Zip)

3. **19 N. BLVD. OF PRESIDENTS SARASOTA SARASOTA FLA. 33577**

(Officers Names)

(Title)

(Street Address)

(City)

4.(a) **WILLIAM G. EVANS PRES. 3465 BEE RIDGE RD. SARASOTA**

(b) **ROBERT J. CICORA SEC.-TREAS 3117 VILLAGE GR. DR. SARASOTA**

(c) _____

(d) _____

(Directors, Trustees, Managers)

(Street Address)

(City)

5.(a) **ROBERT J. CICORA 3117 VILLAGE GR. DR. SARASOTA**

(b) **WILLIAM G. EVANS 3465 BEE RIDGE RD. SARASOTA**

(c) **ROBERT A. BERGS 55 N. WASH. DR. SARASOTA**

(d) _____

(Resident Agent Name)

(Street Address)

(City)

6. **ROBERT A. BERGS 55 N. WASHINGTON DR. SARASOTA**

7. General Nature
of Business _____

8. Date Formed
or Incorporated **08 / 11 / 71**

9. If Foreign Corporation,
Date Qualified in Florida ____/____/____

10. Capital Stock (or number and book value of all certificates of interest or participation):

Class or Type

Par or Stated Value

Shares
Authorized

Number

Book Value

(a) **COMMON 100.00 100. 100 \$ 10,000.00**

(b) _____ \$ _____

(c) _____ \$ _____

(d) _____ \$ _____

(e) **Total Book Value of Stock (Certificates) Issued \$ 10,000.00**

11. If you do not have Capital Stock, describe the general rules applicable to all members by which the property rights and interests of each are determined _____

12. Close of annual accounting period for this return **06 / 30 / 72.**

13. I/We declare that all Florida documentary stamp taxes applicable to corporate stock (or certificates of interest or participation) transactions for the 12 month period ending Dec. 31 have been paid as required under Chapter 201, Florida Statutes, and I/We further declare that this return is true and correct.

(Corporate Seal)

Attest: _____

Secretary or Assistant Secretary

C & E DRUGS, INC.

(Corporate Name)

By: _____

President or Vice President

Return Original (with Tax Payment) to DEPARTMENT OF STATE

THE CAPITOL

TALLAHASSEE, FLORIDA 32304

READ INSTRUCTIONS ON BACK

READ INSTRUCTIONS ON BACK

PRIVILEGE TAX \$5.00
PROFIT ENTITIES \$5.00
NON-PROFIT ENTITIES \$2.00

PRIVILEGE TAX \$5.00
PROFIT ENTITIES \$5.00
NON-PROFIT ENTITIES \$2.00

RICHARD (DICK) STONE
SECRETARY OF STATE
The Capitol
Tallahassee, Florida 32304

State of Florida
Department of State
ANNUAL REPORT
for Corporations and Other Entities

BLK. RT.
U.S. POSTAGE
PAID
MIAMI, FLA.
PERMIT NO. 615

ADDRESS CORRECTION
REQUESTED

DATE DUE: JAN. 1, 1973
DATE DELINQUENT: MAR. 1, 1973

Please refer to this number for future correspondence
regarding this corporation

281164

386921-68-06 08/11/71

C & E DRUGS INC
19 N BLVD OF PRESIDENTS
SARASOTA FLA

33577

PLEASE TYPE 1 848*****5.00

CHANGE MAILING ADDRESS TO:

Zip

1. C. & E. DRUGS INC. 2. 59-1355812
(Exact Corporate Name) Fed. Emp. I.D. No. 33577
19 N. BLVD OF PRESIDENT SARASOTA SARASOTA FLA.

3. (Street Address of Principal Office in Fla.) (City) (County) (State) (Zip)

4. (Officers Names) (Title) (Street Address) (City) (State)
(a) WILLIAM G. EVANS PRES. 3455 BEE RIDGE RD. SARASOTA, FLA.
(b) ROBERT J. CICORA SECTY & TREAS. 3117 VILLAGE GR. DR. " "
(c) "
(d) "

(Directors, Trustees, Managers) (Street Address) (City) (State)
5. (a) ROBERT J. CICORA 3117 VILLAGE GR. DR. SARASOTA, FLA.
(b) WILLIAM G. EVANS 3455 BEE RIDGE RD. " "
(c) ROBERT A. BERGS 55 N. WASH. DRIVE " "
(d) "

6. (Florida Resident Agent Name) (Florida Street Address) (City) (Zip)
ROBERT A. BERGS 55 N. WASH. DRIVE SARASOTA FLA.

7. General Nature of Business 5912 8. Date Formed or Incorporated 03/11/71 9. If Foreign Corporation, Date Qualified in Florida / /
See page 2 MO DA YR

10. Capital Stock (or number and book value of all certificates of interest or participation): SHARES ISSUED
Class or Type Per or Stated Value Shares Authorized Number Book Value
(a) COMMON 100.00 100 100 \$ 10,000.00
(b) \$
(c) \$

11. If you do not have Capital Stock, describe the general rules applicable to all members by which the property rights and interests of each are determined

12. Fiscal close of accounting period 6 / 30
MO DA

13. I/WE declare that all Florida documentary stamp taxes applicable to corporate stock (or certificates of interest or participation) transactions for the 12 month period ending Dec. 31, 1972 have been paid as required under Chapter 201, Florida Statutes, and I/WE further declare that this report is true and correct.

(Corporate Seal)

Attest:

Secretary or Assistant Secretary

(Corporate Seal)

By:

President or Vice President

Return Original (with Filing Fee) to DEPARTMENT OF STATE

DRAWER 18

THE CAPITOL

TALLAHASSEE, FLORIDA 32304

READ INSTRUCTIONS ON BACK

FILING FEE

PER PROFIT ENTITY \$5.00
PER NON-PROFIT ENTITY \$2.00

VALIDATION AREA - DO NOT WRITE IN THIS SPACE

ANNUAL REPORT
FOR CORPORATIONS AND
OTHER ENTITIES

AN 31-74 1 226*****5.00

103252

SECRETARY OF STATE
RICHARD (DICK) STONE
P.O. BOX 6327
TALLAHASSEE, FLA. 32301

DUE JAN 1, 1974 DELINQUENT JULY 1, 1974
CORP-ARTS PAGE 1

PLEASE READ INSTRUCTIONS ON PAGE 2
FILING FEES \$5.00 PROFIT ENTITY \$2.00 NON PROFIT

CORRECTIONS AND ADDITIONAL INFORMATION-PLEASE TYPE

(4a) FED. EMPLOYER ID. NO. (5a) SIC (SEE PAGE 4)

(6a) SECRETARY CHANGE

OFFICERS/DIRECTORS	STREET ADDRESS	TITLE
VAN VANS, WILLIAM		
ICICRA, ROBERT J		
VAN VANS, WILLIAM		
ICICRA, ROBERT J		

IF ADDITIONAL OFFICERS/DIRECTORS, ATTACH ADDENDUM SHEET

(8a) FISCAL CLOSE OF ACCOUNTING PERIOD (MONTH)

(9a)

(9b) STREET

ADGRESS
CAPITAL STOCK FOR NUMBER 1 BOOK VALUE OF ALL CERTIFICATES OF INTEREST OR PARTICIPATION (25)
CLASS OR TYPE PAR. NO. PAR. OR STATED VALUE SHARES AUTHORIZED NUMBER BOOK VALUE

(10a) IF YOU DO NOT HAVE CAPITAL STOCK, DESCRIBE THE GENERAL RULES APPLICABLE TO ALL MEMBERS BY WHICH THE PROPERTY RIGHTS AND INTERESTS OF EACH ARE DETERMINED

(12) RESIDENT AGENT SIGNATURE (IF DIFFERENT FROM NO. 6 (ABOVE))

(1) 386921 9 (2) 08/11/1971
DATE INC. OR IF FOREIGN
DATE QUALIFIED IN FLA

(3) C O E DRUGS, INC.

(4) FED. EMP. I.D. NO. 99-1035612 (5) SIC 5912 (SEE PAGE 4)

(6) C O E DRUGS, INC. SECRETARY

OFFICERS/DIRECTORS NAMES	CITY / STATE
VAN VANS, WILLIAM	SARASOTA, FL
ICICRA, ROBERT J	SARASOTA, FL
VAN VANS, WILLIAM	SARASOTA, FL
ICICRA, ROBERT J	SARASOTA, FL

(8) FISCAL CLOSE OF ACCOUNTING PERIOD

(9) C O E DRUGS, INC. 19 N OLIVE ST SARASOTA, FLA 34577

(10) PRIMARY STOCK
AUTH. STK. 10,000 PAR VALUE \$1.00

DECLARE THAT ALL FLORIDA DOCUMENTARY STAMP TAXES APPLICABLE TO CORPORATE STOCK (OR CERTIFICATES OF INTEREST OR PARTICIPATION) TRANSACTIONS DURING THE PREVIOUS YEAR HAVE BEEN PAID AS REQUIRED BY CHAPTER 201, FLORIDA STATUTES; I FURTHER DECLARE THAT I AM THE AUTHORIZED PERSON TO SIGN THE REPORT FOR THIS ENTITY AND THAT IT IS TRUE AND CORRECT.

AUTHORIZED SIGNATURE Robert Accore
TITLE, Sec Treas TEL NO. 398-3604

CORPORATION ANNUAL REPORT

MAY 20-75R1

578*****500

DUPLICATE 1 DESIGNATION 10001 VALIDATION AREA 4 - DO NOT WRITE IN THIS SPACE

① 386921
CHARTER NUMBER

9

② 08/11/1971
DATE INC. OR IF FOREIGN
DATE QUALIFIED IN FLA.

③ SIC 5912
SEE ENVELOPE BACK

③a CHANGE TO:

1974 YEAR OF LAST REPORT
FILED IN THIS OFFICE

1975 YEAR(S) THIS REPORT
COVERS

④ FED. EMPLOYER ID. NO. 59-1355812

⑤ FISCAL CLOSE OF
ACCOUNTING PERIOD (MO) 06

④a CHANGE TO:

⑤a CHANGE TO:

⑤ C & E DRUGS, INC.
EXACT NAME

⑦ PRESIDENT AGENT AND ADDRESS IF DIFFERENT, WRITE
INDICATE AT THE ABOVE ADDRESS FOR FINDER FORMS
BERGS, ROBERT A
55 N WASH DR
SARASOTA, FL

APPROVED
AND
FILED
MAY 15 5 50 AM '75
FLORIDA DEPT. OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA
K2 8-4-75
PLEASE READ INSTRUCTIONS ON BACK

⑧ 386921
C & E DRUGS INC
19 N BLVD OF PRESIDENTS
SARASOTA FLA 33577

⑧a CHANGE TO:

NO P.O. BOX

⑨ OFFICERS/DIRECTORS NAMES	STREET ADDRESS	CITY / STATE	TITLE(S)
EVANS, WILLIAM		SARASOTA, FL	PRES DIR
CICOPA, ROBERT J		SARASOTA, FL	SEC DIR

⑩ CAPITAL STOCK
10,000 SHARES @ \$ 1.00

I DECLARE THAT ALL FLORIDA DOCUMENTARY STAMP TAXES APPLICABLE TO CORPORATE STOCK (OR CERTIFICATES OF INTEREST OR PARTICIPATION) TRANSACTIONS DURING THE PREVIOUS YEAR HAVE BEEN PAID AS REQUIRED BY CHAPTER 201, FLORIDA STATUTES. I FURTHER DECLARE THAT I AM THE AUTHORIZED PERSON TO SIGN THE REPORT FOR THIS ENTITY AND THAT IT IS TRUE AND CORRECT.

AUTHORIZED SIGNATURE Robert A. Bergs
TITLE Sec. Treas. TEL. NO. 333-3604
DATE 3-15-75

⑪ CAPITAL STOCK (OR NUMBER'S BOOK VALUE OF ALL CERTIFICATES OR INTEREST OR PARTICIPATION)
CLASS OR TYPE PAR OR PART OR STATE VALUE CHARTER AUTHORIZED NUMBER BOOK VALUE
10000 \$ 5.40

⑫ IF YOU DO NOT HAVE CAPITAL STOCK DESCRIBE THE GENERAL RULES APPLICABLE TO ALL MEMBERS BY WHICH THE PROPERTY RIGHTS AND INTERESTS OF EACH ARE DETERMINED

CORP. ARTS

ANY CHANGES
\$5.00-PROFIT CORP.
\$5.00-NON-PROFIT CORP.

CORPORATION ANNUAL REPORT

APR -2-76 1 130*****5 DC

DUE--JAN. 1

DELINQUENT--JULY 1

VALIDATION AREA - DO NOT WRITE IN THIS SPACE

REMIT THIS FORM
& FILING FEE TO:

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
THE CAPITOL
TALLAHASSEE, FLORIDA
32304

① 386921
CHARTER NUMBER

9

② 08/11/1971
DATE INC. OR IF FOREIGN
DATE QUALIFIED IN FLA.

③ SSC SEE ENVELOPE BACK 5912

③a CHANGE TO:

1975

YEAR OF LAST REPORT
FILED IN THIS OFFICE

1976

YEAR(S) THIS REPORT
COVERS

④ FED. EMPLOYER ID. NO

59-1355812

④a CHANGE TO:

⑤ C & E DRUGS, INC.

EXACT
NAME

PLEASE READ INSTRUCTIONS ON BACK

⑥ STREET ADDRESS OF PRINCIPAL OFFICE, POST OFFICE BOX ALONE WILL NOT BE ACCEPTABLE

ADDRESS 386921
C & E DRUGS INC
19 N BLVD OF PRESIDENTS
SARASOTA FLA 33577

⑥a

STREET ADDRESS CHANGE

⑦ BERGS, ROBERT A

REGISTERED
AGENT
AND
STREET
ADDRESS

55 N WASH DR
SARASOTA, FL

⑦a

REGISTERED AGENT NAME CHANGE
AND/OR ADDRESS CHANGE
INCLUDE REGISTERED OFFICE ADDRESS

⑧ TYPE CORRECTIONS IN SPACE PROVIDED BELOW. STRIKE THROUGH INCORRECT ENTRIES. CORRECTIONS MUST BE LEGIBLE
NAMES OF ALL OFFICERS AND DIRECTORS STREET ADDRESS CITY / STATE

TITLES MUST
BE SHOWN

EVANS, WILLIAM -	3104 Meyer Dr	SARASOTA, FL	PRES	DIR
CICORA, ROBERT J	3117 Village Grn Dr.	SARASOTA, FL	SEC	DIR

DO NOT WRITE IN THIS SPACE

FOR DIVISION USE ONLY

I CERTIFY THAT I AM AN OFFICER OF THIS CORPORATION EMPOWERED TO EXECUTE THIS REPORT AS REQUIRED BY CHAPTER 807, FLORIDA STATUTES. I FURTHER CERTIFY THAT I UNDERSTAND MY SIGNATURE ON THIS REPORT SHALL HAVE THE SAME LEGAL EFFECT AS IF MADE UNDER OATH

SIGNATURE

TITLE

DATE

TEL NO. 388-3614

CORPORATION'S

SEE IMPORTANT DISSOLUTION NOTICE ON OTHER SIDE



STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

CORPORATION ANNUAL REPORT

1977

Bruce A. Smathers
Secretary of State
Form COR 620

THIS REPORT MUST BE ACCOMPANIED BY A \$5 FEE.

APR 28 1 07 PM 1977
FLORIDA DEPT. OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES

1. Name and Address of Corporation Principal Office:

386921 C & E DRUGS, INC.
19 N BLVD OF PRESIDENTS
SARASOTA FLA 33577

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient.

Street Address

P.O. Box No.

City

State

Zip Code

3. Date Incorporated or Qualified To Do Business in Florida

08/10/1971

4. Federal Employer Identification Number (FEIN)

59-1355812

5. Date of Last Report

1976

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Director (x)	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
EVANS, WILLIAM	PRES	DIR	3104 MEYER DR,	SARASOTA, FL
C. ORA, ROBERT J	Sec	DIR	3117 VILLAGE GREEN DR,	SARASOTA, FL

7. Registered Agent Information

Name
REGGS, ROBERT A

Street Address (Do NOT Use P.O. Box Number)
59 N WASH DR

City, State and Zip Code
SARASOTA, FL

If you wish to change Registered Agent on this form, enter all new information here

Name

Street Address (Do NOT Use P.O. Box Number)

City, State and Zip Code

8. An officer of the Corporation must sign this report. This report must be signed by one of the following: The President, Vice President, Secretary, Assistant Secretary or Treasurer or if the Corporation is in the hands of a receiver or trustee, shall be executed on behalf of the Corporation by the receiver or trustee.

No Other Titles Will Be Accepted, Your Report Will Be Returned If It Does NOT Bear An Authorized Signature.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath.

Typed Name of Signing Officer
ROBERT J. CICORA

Title

Sec - Treas

Telephone Number

88-3607

Signature

Robert J. Cicora

Date

3-29-77

THIS REPORT MUST BE ACCOMPANIED BY THE \$5 FEE

No. 3- 86921

C & E DRUGS, INC.

Capital Stock 100 sh com @ \$100 ✓

Principal Office Sarasota

Filed Aug 11, 1971

Filed By Effective date-8/10/71

pd

APR 17/71

THE FILING FEE FOR THE 1978 ANNUAL REPORT IS \$10.

STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
CORPORATION ANNUAL REPORT
1978



Bruce A. Smathers
Secretary of State

THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE (Form COR 820) 12-1-77

► **READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES** ◀

1. Name and Address of Corporation Principal Office: 386921 C & E DRUGS, INC. 19 N BLVD OF PRESIDENTS SARASOTA FLA 33577		2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient.	
		Street Address	
		P.O. Box No. MAY 13-78 #2 227200 ****10.00	
		City	
		State	Zip Code

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

3. Date Incorporated or Qualified To Do Business in Florida	08/10/1971	4. Federal Employer Identification Number (FEIN)	59-1355312	5. Date of Last Report	1977
---	------------	--	------------	------------------------	------

6. Names and Street Addresses of Each Officer and Director				
Names of Officers and Directors	Title	Director (x)	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
EVANS, WILLIAM	DIR		3104 MEYER DR.	SARASOTA, FL
CICORA, ROBERT J	DIR		3117 VILLAGE GREEN DR.	SARASOTA, FL

7. Registered Agent Information If you wish to change Registered Agent on this form, enter all new information here	Name BERGS, ROBERT A		Street Address (Do NOT Use P.O. Box Number) 557 WASH DR
	City, State and Zip Code SARASOTA, FL		
	Name		Street Address (Do NOT Use P.O. Box Number)
	City, State and Zip Code		

8. An officer of the Corporation must sign this report. This report must be signed by one of the following: The President, Vice President, Secretary, Assistant Secretary or Treasurer or if the Corporation is in the hands of a receiver or trustee, shall be executed on behalf of the Corporation by the receiver or trustee.

No Other Titles Will Be Accepted. Your Report Will Be Returned If It Does NOT Bear An Authorized Signature.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 807 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As if Made Under Oath.

Typed Name of Signing Officer ROBERT J. CICORA	Title Sec-Treas	Telephone Number 813-3883644
Signature <i>Robert J. Cicora</i>		Date 3-27-78

NOTE: THE FILING FEE FOR THE 1978 ANNUAL REPORT IS \$10.

THE FILING FEE FOR THE 1979 ANNUAL REPORT IS \$10.

CORPORATION
ANNUAL REPORT



STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

1979

THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE

DO NOT WRITE IN THIS SPACE

APPROVED
AND
FILED

JUN 5 1 04 PM 1979

FLORIDA DEPT. OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

◀ READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES ▶

1. Name and Address of Corporation Principal Office:

386921
C & E DRUGS INC
19 N BLVD OF PRESIDENTS
SARASOTA FLA 33577

If above address is incorrect in any way, enter the correct address
in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient.

Street Address
P.O. Box No.
City
State Zip Code

3. Date Incorporated or Qualified To Do Business in Florida

8/10/1971

4. Federal Employer Identification Number (FEIN)

59-1355812

5. Date of Last Report

1978

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
EVANS, WILLIAM	P/D	3104 MEYER DR.	SARASOTA, FL
CICORA, ROBERT J	S/T	03117 VILLAGE GREEN DR.	SARASOTA, FL
LARRY E. CROY	V/D	4749 MALORY PLACE	SARASOTA, FL

7. Registered Agent Information

If you wish to change Registered Agent on this form, enter all new information below.

Name
BERGS, ROBERT A
Street Address (Do NOT Use P.O. Box Number)
55 N WASH DR
City, State and Zip Code
SARASOTA, FL

Name
EVANS, WILLIAM
Street Address (Do NOT Use P.O. Box Number)
3104 MEYER DR
City, State and Zip Code
SARASOTA, FL 33580

8. See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 807 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.

Typed Name of Signing Officer

WILLIAM EVANS

Title

PRESIDENT

Telephone Number

813 388-3664

Date

4/2/79

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

**CORPORATION
ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

1980

THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE

DO NOT WRITE IN THIS SPACE

AND
FILED

APR 1 8 33 AM 1980

FLORIDA DEPARTMENT OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

**READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES
PLEASE STAPLE CHECK TO ANNUAL REPORT**

1. Name and Address of Corporation Principal Officer: 385921 HUBBARD, DUCKETT, MASON, DOW, INC. 1420 FLAGLER AVENUE JACKSONVILLE FLA 32207 If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.		2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient. Street Address P.O. Box No. City State Zip Code	
3. Date Incorporated or Qualified To Do Business in Florida 7/26/1971		4. Federal Employer Identification Number (FEIN) 59-1356887	
5. Date of Last Report 1979			

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
MASON, GEORGE R.	P/D	1420 FLAGLER AVE.	JACKSONVILLE, FL
DOW JR., ROBERT H.	S/D	1420 FLAGLER AVE.	JACKSONVILLE, FL
DUCKETT, EDWIN J.	D	1420 FLAGLER AVE.	JACKSONVILLE, FL
HUBBARD, JACQUELYN H.	T	1420 FLAGLER AVE.	JACKSONVILLE, FL
NEELY, EDITH J.	V	8434 GEMINI DRIVE W.	JACKSONVILLE, FL

7. Registered Agent Information Name HULSEY, JO. MARK Street Address (Do NOT Use P.O. Box Number) 112 W. ADAMS ST. City, State and Zip Code JACKSONVILLE, FL 32202		To change the Registered Agent and/or Registered Office a separate statement signed by the new Registered Agent and executed by the President or Vice President of the corporation must be filed with a fee of \$3.
---	--	---

8. See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath.

Typed Name of Signing Officer Jacquelyn H. Hubbard	Title S/T/	Telephone Number 904 396-2547
Signature <i>Jacquelyn H. Hubbard</i>		Date 7-28-80

WRITE IN THIS SPACE
TB 4 10

385921 03-12-80 2 6 977 10.00

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

**CORPORATION
ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

1980

THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE

DO NOT WRITE IN THIS SPACE

FILED

MAY 14 11 05 AM '80

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES
PLEASE STAPLE CHECK TO ANNUAL REPORT**

1. Name and Address of Corporation Principal Office:

386921
C & E DRUGS INC
19 N BLVD OF PRESIDENTS
SARASOTA FLA 33577

If above address is incorrect in any way, enter the correct address
in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient:

Street Address

P.O. Box No.

City

State

Zip Code

3. Date Incorporated or Qualified To Do Business in Florida

8/10/1971

4. Federal Employer Identification Number (FEIN)

59-1355812

5. Date of Last Report

1979

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
EVANS, WILLIAM	P/D	3104 MEYER DR.	SARASOTA, FL
CICORA, ROBERT J	S/T	13117 VILLAGE GREEN DR.	SARASOTA, FL
CROY, LARRY E.	V/D	4749 MALORY PALCE	SARASOTA, FL

7. Registered Agent Information

Name

EVANS, WILLIAM

Street Address (Do NOT Use P.O. Box Number)

3104 MEYER DRIVE

City, State and Zip Code

SARASOTA, FL

33580

To change the Registered Agent and/or Registered Office a separate statement signed by the new Registered Agent and executed by the President or Vice President of the corporation must be filed with a fee of \$5.

JC 5-14-80

8. See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 807 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath.

Typed Name of Signing Officer

LARRY E CROY

Title

VICE PRESIDENT

Telephone Number

(813) 388-3604

Signature

[Handwritten Signature]

Date

7-8-80

DO NOT WRITE IN THIS SPACE

386921 04-30-80 2-8 198 10.00

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

**CORPORATION
ANNUAL REPORT**

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

**APPROVED
AND
FILED**

1981

THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE

APR 16 9 10 AM 1981

FLORIDA DEPT. OF STATE
CORPORATIONS DIVISION

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES

PLEASE STAPLE CHECK TO ANNUAL REPORT

1. Name and Address of Corporation Principal Officer:

386921
C & E DRUGS INC
19 N BLVD OF PRESIDENTS
SARASOTA FLA

33577

If above address is incorrect in any way, enter the correct address
in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal
Office, P.O. Box Number Alone is NOT Sufficient.

Street Address

P.O. Box No.

City

State

Zip Code

3. Date Incorporated or Qualified
To Do Business in Florida

8/10/1971

4. Federal Employer
Identification Number
(FEIN)

59-1355812

5. Date of
Last Report

1980

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
EVANS, WILLIAM	P/D	3104 MEYER DR.	SARASOTA, FL
CICORA, ROBERT J	S/T/D	3117 VILLAGE GREEN DR.	SARASOTA, FL
CROT, LARRY E.	V/D	4709 HALORY PALCE	SARASOTA, FL

Registered Agent Information

Name

EVANS, WILLIAM

Street Address (Do NOT Use P.O. Box Number)

3104 MEYER DRIVE

City, State and Zip Code

SARASOTA, FL

33580

To change the Registered Agent and/or
Registered Office a separate statement
signed by the new Registered Agent and
executed by the President or Vice Presi-
dent of the corporation must be filed with
a fee of \$3.

See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter
607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath.

Typed Name of Signing Officer:

WILLIAM EVANS

Title

PRESIDENT

Telephone Number

(813) 388-3604

Date

FEB 9, 81

APR 18 1981

386921 03-23-81 2 3 305 10.00

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION
ANNUAL REPORT

1982



George Firestone
Secretary of State

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE
APPROVED
AND
FILED

APR 22 12 12 PM 1982

Read Notice and Instructions on Other Side Before Making Entries.
Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State, FLORIDA

1 Name and Address of Corporation Principal Office

386921
C & E DRUGS, INC.
19 N BLVD OF PRESIDENTS
SARASOTA FLA

33577

If above address is incorrect in any way, enter the correct address
in Item 2. Include Zip Code

2 Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address

P.O. Box No.

City

State

Zip Code

3 Date Incorporated or Qualified To Do Business in Florida

08/10/1971

4 Federal Employer Identification Number (FEIN)

59-1355A12

5 Date of Last Report

04/16/1981

6 Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
EVANS, WILLIAM	P/D	3104 MEYER DR.	SARASOTA, FL
GIGORA, ROBERT J	S/T/D	3117 VILLAGE GREEN DR.	SARASOTA, FL
EVANS, DONNA L	S/T/D	3104 MEYER DR.	SARASOTA, FL

Registered Agent Information

7 Name and Address of Current Registered Agent

8 Name and Address of New Registered Agent

EVANS, WILLIAM

3104 MEYER DRIVE

SARASOTA, FL

33550

Name

Street Address (Do NOT Use P.O. Box Number)

City, State and Zip Code

9 Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on _____

SIGNATURE

(Registered Agent Accepting Appointment)

DATE

\$3.00 additional fee required for Registered Agent changes.

10

See signature restrictions under instructions on reverse side of this form

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
I Further Certify That My Signature On This Report Shall Have the Same Legal Effect As if Made Under Oath

Signature

William G Evans

President

Date

Feb 26, 1982

(113) 388-3604

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION
ANNUAL REPORT

1983



George F. Armstrong
Secretary of State

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

Apr 13 10 55 AM 1983

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State

Name and Address of Corporation Principal Office

386921
C & E DRUGS, INC.
19 N BLVD OF PRESIDENTS
SARASOTA FLA

33577

2. Enter Change of Address of Corporation Principal Office P.O. Box Number Above is NOT Sufficient

Street Address

P.O. Box No.

City

State

Zip Code

If above address is incorrect, a new way, enter the correct address in item 2. Indicate Zip Code

Incorporated or Qualified
Business in Florida

08/10/1971

Federal Employer

Identification Number (FEIN)

59-1355812

Date of

Last Report

04/22/1982

Name and Street Address of Each Officer and Director

Names of Officers
and Directors

Rank

Street Address of Each
Officer and Director

(Do NOT Use Post Office Box Numbers)

City and State

EVANS, WILLIAM
EVANS, DONNA L

P/D
S/T/D

3104 MEYER DR
3104 MEYER DR

SARASOTA, FL
SARASOTA, FL

0000
0000

Registered Agent Information

Name and Address of Current Registered Agent

Name and Address of New Designated Agent

Name

Street Address (Do NOT Use P.O. Box Number)

City, State and Zip Code

EVANS, WILLIAM

3104 MEYER DRIVE

SARASOTA, FL

33580

See the provisions of Section 607.011 and 607.012, Florida Statutes, which require each corporation to designate a registered agent for the corporation for the purpose of receiving service of process, and to keep a registered agent's name and address on file with the Secretary of State.

Highways authorized by the Secretary of State, approved by its agent on this date:

DATE

Registered Agent Accepting Appointment

DATE

\$3.00 additional fee required for Registered Agent changes.

See Instructions on other side of this form.

Form No. 100 (Rev. 10-1-82) is the official form for the registration of a corporation's agent for service of process. It is to be filed with the Secretary of State. The form is to be filled out by the corporation's agent for service of process. The form is to be filled out by the corporation's agent for service of process.

William E. Evans
WILLIAM E. EVANS PRES

3-01-83
(813) 388-3604

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION
ANNUAL REPORT

1984



FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED

JAN 7 2 07 PM 1984

FLORIDA DEPARTMENT OF STATE

Read Notice and Instructions on Other Side Before Making Entry
Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office.		2 Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient.	
386921 C & E DRUGS, INC. 19 N BLVD OF PRESIDENTS SARASOTA FLA 33577		Street Address	
		P.O. Box No	
		City	
		State Zip Code	

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

3 Date Incorporated or Qualified To Do Business in Florida 08/10/1971	4 Federal Employer Identification Number (FEIN) 59-1355813	5 Date of Last Report 04/18/1983
---	--	----------------------------------

6 Names and Street Addresses of Each Officer and Director, as of December 31, 1983			
Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
1 EVANS, WILLIAM G.	P/D	3184 MEYER DR	SARASOTA, FL 33583
2 EVANS, DONNA L	S/T/D	3184 MEYER DR	SARASOTA, FL 33583
		3193 COUNTRYSIDE RD	33583
		3793 COUNTRYSIDE RD	33583

Registered Agent Information

7 Name and Address of Current Registered Agent		8 Name and Address of New Registered Agent	
EVANS, WILLIAM 3184 MEYER DRIVE		Name	
SARASOTA, FL 33583		Street Address (Do NOT Use P.O. Box Number)	
		3193 COUNTRYSIDE RD.	
		City, State and Zip Code	
		33583	

I, this day to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits this statement for the purpose of changing its registered officer or registered agent, or both, in the state of Florida.

Such change was authorized by resolution duly adopted by its board of directors on

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

\$3.00 additional fee required for Registered Agent changes.

See signature restrictions under instructions on reverse side of this form.
I hereby certify that I am an Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
I further certify that I understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath

Signature	Date
William G. Evans	JAN 22, 1984
Title of Signing Officer	Telephone Number
WILLIAM G. EVANS	813-922-6794
Title	
PRES	

If you are changing a registered agent, please check the box below and include an additional \$3.00 with your payment.

STATE OF FLORIDA
I hereby certify that I am an Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.

COR 620 (1-84)

CORPORATION

ANNUAL REPORT
1985



Department of
Treasury and State
Division of Corporations

FILED

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$20 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

386921 1
C & E DRUGS, INC.
29 N BLVD OF PRESIDENTS
SARASOTA FLA

33577

2. State of Incorporation or Organization (For a corporation, check the box for the state of incorporation; for a partnership, check the box for the state of organization; for a foreign corporation, check the box for the country of origin.)

Street Address

P.O. Box No.

City

State

Zip Code

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

3. Date Incorporated or Qualified To Do Business in Florida

06/20/1971

4. Federal Employer Identification Number

59-1355812

5. Date of Last Filing

03/07/1984

6. Names and Street Addresses of Each Officer and Director as of December 31, 1984

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State	Zip Code
1 EVANS, WILLIAM G	P/D	3793 COUNTRYSIDE RD	SARASOTA, FL	0000
2 EVANS, DONNA L	S/T/D	3793 COUNTRYSIDE RD	SARASOTA, FL	0000
3				
4				
5				
6				

Registered Agent Information

7. Name and Address of Current Registered Agent

EVANS, WILLIAM
3793 COUNTRYSIDE RD
SARASOTA, FL

33583

8. Name and Address of New Registered Agent

Name

Street Address (Do NOT Use P.O. Box Numbers)

City, State and Zip Code

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, organized under the laws of the State of Florida, hereby certifies that the purpose of changing its registered officer or registered agent, or both, in the state of Florida, was authorized by resolution duly adopted by its board of directors on _____.

I hereby accept the appointment of registered agent in conformity with, and accept the obligations of, Section 607.035 F.S.

SIGNATURE

(Registered Agent Accepting Appointment)

DATE

\$3.00 additional fee required for Registered Agent changes.

10.

See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the President or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As It Would Under Oath. (Officer signing must be legible in Block)

Signature

William G. Evans

City

2-19-85

Typed Name of Signing Officer

WILLIAM G. EVANS

P/D

(S15)

922-6774

\$5 additional fee required for a Certificate of Status

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

UNIFORM

ANNUAL REPORT

1986



FLORIDA DEPARTMENT OF STATE
Office of Corporations
Tallahassee, FL 32399
DIVISION OF CORPORATIONS

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$20 Required - Make Checks Payable To: Secretary of State

1 Address of Corporation Principal Office

386921
C & E DRUGS, INC.
19 N BLVD OF PRESIDENTS
SARASOTA FLA 33577

2 Enter Change of Address of Corporation Principal Office P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

If above address is incorrect in any way enter the correct address
in Item 2 include Zip Code.

3 Date of Creation or Qualification of Entity

08/10/1971

4 Federal Employer Identification Number (FEIN)

59-1355812

5 Date of Last Report

04/15/1985

6 Street Addresses of Each Officer and Director, as of December 31, 1985

Name of Officer and Director	Type	Street Address of Each Officer and Director (Do NOT Use Post Office Box Number)	City and State	
EVANS, WILLIAM G	P/O	3793 COUNTRYSIDE RD	SARASOTA, FL	00000
EVANS, DONNA L	S/O	3793 COUNTRYSIDE RD	SARASOTA, FL	00000

REGISTERED AGENT INFORMATION

7 Name and Address of Current Registered Agent

8 Name and Address of New Registered Agent

EVANS, WILLIAM
3793 COUNTRYSIDE RD
SARASOTA, FL 33583

Name 81

Street Address (Do NOT Use P.O. Box Number) 82

City and State 83

FL.

Zip Code 84

For the purposes of Sections 607.013 and 607.017, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits and for the purpose of filing this report, officers or agents and agent, or both, in the State of Florida, are authorized to execute and file this report and to accept the obligations of Section 607.025 F.S.

9 Signature of Registered Agent Accepting Appointment

DATE

\$1.00 additional fee required for Registered Agent changes.

The signature of the registered agent is required on the reverse side of this form.

By this act, an officer or director, the Secretary or Treasurer Empowered to Execute This Report as Required by Chapter 607 F.S. or County Trustee (Secretary or Treasurer) on This Report Shall Have the Same Legal Effect as if Made Under Oath.

Signature of Officer or Director
William G Evans

Title
Pres

Date

3-4-86

Telephone Number

318-722-6774

\$8 Additional Fee
required for a
Certificate of Status

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1, 1987

CORPORATION

ANNUAL REPORT
1987



FLORIDA DEPARTMENT OF STATE
George F. Jenson
Secretary of State
DIVISION OF CORPORATIONS

FILED
MAR 16 2:12:59
TALLAHASSEE
FLORIDA

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$25 Required - Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office

386921
C & E DRUGS, INC.
19 N BLVD OF PRESIDENTS
SARASOTA FLA 33577

2 Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

3 Date of Incorporation or Qualification in Florida 08/10/1971
4 Federal Employer Identification Number (FEIN) 59-1355812
5 Date of Last Report 03/17/1986
6 Street Addresses of Each Officer and Director as of December 31, 1986

1 Name of Officers and Directors	2 Title	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State	5
EVANS, WILLIAM G	P/D	3793 COUNTRYSIDE RD	SARASOTA, FL	00000
EVANS, DONNA L	S/T/D	3793 COUNTRYSIDE RD	SARASOTA, FL	00000

REGISTERED AGENT INFORMATION

7 Name and Address of Current Registered Agent

EVANS, WILLIAM
3793 COUNTRYSIDE RD
SARASOTA, FL 33583

8 Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84

FL

Zip Code 85

I, the undersigned, to the provisions of Sections 607.04 and 607.03, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered office, its registered agent, or both, in the State of Florida.

I am authorized by resolution duly adopted by its board of directors on _____

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.025, F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

\$3.00 additional fee required for Registered Agent changes

Signatures and dates under instructions on reverse side of this form

I, the undersigned, being an Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607, F.S., hereby certify that I understand its signature on this report shall have the same legal effects as if made under oath.

This signing must be listed in Block 6:

Signature of Signing Officer: *William G. Evans*
Name: WILLIAM G. EVANS
Title: PRES

Date: Feb 2, 1987
Telephone Number: 813 345 3604

\$5 Additional Fee required for a Certificate of Status

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST.

CORPORATION

ANNUAL REPORT
1988



FLORIDA DEPARTMENT OF STATE
1901 SMITH
TALLAHASSEE, FLORIDA 32399
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

Filing Fee of \$25 Required — Make Checks Payable To: Secretary of State

Name and Address of Corporation (Include P.O. Box)

386921
C & E DRUGS, INC.
19 N BLVD OF PRESIDENTS
SARASOTA FLA 33577

2 Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

34236

Please address is incorrect in any way enter the correct address
in item 2 include Zip Code.

6 Incorporation or Qualifying
to Do Business in Florida

08/10/1971

4 Federal Employer

Identification Number (FEIN) 59-1355812

5 Date of

Last Report 03/18/1987

Name and Street Address of Each Officer and Director as of December 31, 1987

1 Name of Officer and Director	2 Title	3 Street Address of Each Officer and Director (Do NOT use P.O. Box Number)	4 City and State
EVANS, WILLIAM G	P/D	3793 COUNTRYSIDE RD	SARASOTA, FL 34230 00000
EVANS, DONNA L	S/T/D	3793 COUNTRYSIDE RD	SARASOTA, FL 34230 00000

REGISTERED AGENT INFORMATION

Name and Address of Current Registered Agent

EVANS, WILLIAM
3793 COUNTRYSIDE RD
SARASOTA, FL 33577
34230

8 Name and Address of New Registered Agent

Form 91

Street Address 1 (Do NOT use P.O. Box Number) 82

Street Address 2 (Do NOT use P.O. Box Number) 83

City and State 84

FL

Zip Code 85

I, the undersigned, being a resident of this State, do hereby certify that the foregoing is a true and correct copy of the annual report of the corporation, as required by Chapter 707 F.S.

I also certify that the report of the corporation is a true and correct copy of the annual report of the corporation, as required by Chapter 707 F.S.

Signature

Registered Agent (Signature)

DATE

Signature of Officer or Director of the Corporation

The undersigned hereby certifies that the foregoing is a true and correct copy of the annual report of the corporation, as required by Chapter 707 F.S.

I, the undersigned, being a resident of this State, do hereby certify that the foregoing is a true and correct copy of the annual report of the corporation, as required by Chapter 707 F.S.

I also certify that the report of the corporation is a true and correct copy of the annual report of the corporation, as required by Chapter 707 F.S.

Signature of Officer or Director of the Corporation

William G. Evans

2-23-88

2-23-88 34236

CRK 0141761

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST

CORPORATION

**ANNUAL REPORT
1989**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

COMPTROLLER OF REVENUE

10 10 34

Read Notice and Instructions on Other Side Before Filing Return
Filing Fee of \$35 Required — Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office

ZIP + 4

386921 1
C & E DRUGS, INC.
19 N BLVD OF PRESIDENTS
SARASOTA FLA 34236-1304

2 Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

3 Incorporation or Qualification in Florida

08/10/1971

4 Federal Employer

Identification Number (FEIN) 59-1355812

5 Date of

Last Report 03/09/1988

6 Name and Street Addresses of Each Officer and Director as of December 31, 1988

7	Names of Officers and Directors	8 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	9 City and State	10
P/D	EVANS, WILLIAM G	3793 COUNTRYSIDE RD	SARASOTA, FL	00000
S/T/D	EVANS, DONNA L	3793 COUNTRYSIDE RD	SARASOTA, FL	00000

REGISTERED AGENT INFORMATION

11 Name and Address of Registered Agent

EVANS, WILLIAM
3793 COUNTRYSIDE RD
SARASOTA, FL 34230

12 Name and Address of New Registered Agent

Name 81

Street Address 82 (Do NOT Use P.O. Box Number) 82

Street Address 83 (Do NOT Use P.O. Box Number) 83

City and State 84

FL

Zip Code 85

13 I, the undersigned, Secretary of State, do hereby certify that the above-named corporation, incorporated under the laws of the State of Florida, is in good standing and is not delinquent in the payment of its annual report or in the payment of its taxes.

14 I, the undersigned, Secretary of State, do hereby certify that the above-named corporation, incorporated under the laws of the State of Florida, is in good standing and is not delinquent in the payment of its annual report or in the payment of its taxes.

15 I, the undersigned, Secretary of State, do hereby certify that the above-named corporation, incorporated under the laws of the State of Florida, is in good standing and is not delinquent in the payment of its annual report or in the payment of its taxes.

16

17 Signature of Registered Agent

DATE

18 I, the undersigned, Secretary of State, do hereby certify that the above-named corporation, incorporated under the laws of the State of Florida, is in good standing and is not delinquent in the payment of its annual report or in the payment of its taxes.

See signature instructions under instructions on reverse side of this form.

19 I, the undersigned, Secretary of State, do hereby certify that the above-named corporation, incorporated under the laws of the State of Florida, is in good standing and is not delinquent in the payment of its annual report or in the payment of its taxes.

20 I, the undersigned, Secretary of State, do hereby certify that the above-named corporation, incorporated under the laws of the State of Florida, is in good standing and is not delinquent in the payment of its annual report or in the payment of its taxes.

21 I, the undersigned, Secretary of State, do hereby certify that the above-named corporation, incorporated under the laws of the State of Florida, is in good standing and is not delinquent in the payment of its annual report or in the payment of its taxes.

WILLIAM G. EVANS
PRESIDENT

2-27-89
(813) 383-3604

ST. AUGUSTINE, FLORIDA

FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1ST

PS-011563

CORPORATION

ANNUAL REPORT
1990



FLORIDA DEPARTMENT OF STATE
Division of Corporations
Tallahassee, Florida 32399

DO NOT WRITE IN THIS SPACE

59 9 42

Read Instructions on Other Side Before Making Entries
Filing Fee of \$35 Required — Make Checks Payable To: Secretary of State

386921 1

ZIP + 4 PRESORT

C & E DRUGS, INC.
19 N BLVD OF PRESIDENTS
SARASOTA FLA 34236-1304

If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box number alone is NOT sufficient. If the corporation can be changed only by filing an amendment, enter "AMENDMENT REQUIRED" in Block 2.

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

Check the appropriate box(es) if the corporation is a:

08/10/1971

FEI Number 59-1355812

FEI Number Assigned
FEI Number Paid At

Relationship to Corporation	Name	Address	City and State	Zip Code
P/D	EVANS, WILLIAM G	3793 COUNTRYSIDE RD	SARASOTA, FL	00000
S/T/D	EVANS, DONNA L	3793 COUNTRYSIDE RD	SARASOTA, FL	00000

REGISTERED AGENT INFORMATION

EVANS, WILLIAM
3793 COUNTRYSIDE RD
SARASOTA, FL 34230

FL

The undersigned hereby certifies that the information furnished herein is true and correct to the best of his knowledge and belief, and that he is a resident of the State of Florida, and is qualified to act as the registered agent of the corporation named herein.

Signature of Registered Agent

DATE

WILLIAM G EVANS

PRESIDENT

(813) 388-3604

FILE NOW! CORPORATE STATUS WILL BE
DELINQUENT AFTER JULY 1ST.

CORPORATION
ANNUAL REPORT
1991



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DATE: 6-24-91

APPROVED
FL DEPT. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FL
FILED

FILING FEE OF \$61.25 REQUIRED

DO NOT WRITE IN THIS SPACE

1 Name and Mailing Address of Corporation **DOCUMENT # 386921 (1)**
ZIP + 4 PRESORT

C & E DRUGS, INC.
19 N BLVD OF PRESIDENTS
SARASOTA FLA 34236-1304

2 If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21 Street Address

22 P.O. Box No.

23 City and State

24 Zip Code

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

3 Date Incorporated or Qualified
To Do Business in Florida

08/10/1971

4 FEI Number

59-1355812

FEI Number Applied For

5

\$8.75 Additional Fee required

FEI Number Not Applicable

CERTIFICATE OF STATUS DESIRED

6 Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

1 Title	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State	
P/D	EVANS, WILLIAM G	3793 COUNTRYSIDE RD	SARASOTA, FL	00000
S/T/D	EVANS, DONNA L	3793 COUNTRYSIDE RD	SARASOTA, FL	00000

REGISTERED AGENT INFORMATION

7 Name and Address of Current Registered Agent

EVANS, WILLIAM
3793 COUNTRYSIDE RD
SARASOTA, FL 34230

8 Name and Address of New Registered Agent

81 Name

82 Street Address 1 (Do NOT Use P.O. Box Number)

83 Street Address 2 (Do NOT Use P.O. Box Number)

84 City

FL.

85 Zip Code

9 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 agent 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 _____
(Registered Agent Accepting Appointment)

DATE _____

10 I 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. I further certify 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 6 or as an attachment with an address.

SIGNATURE

Name of Signing Officer or Director

WILLIAM G. EVANS

Title

PRESIDENT

Telephone Number (Area)

(813) 388-3604

DATE **6-24-91**

FILING FEE OF \$61.25 REQUIRED—Make Checks Payable To: Secretary of State

\$8.75 Additional Fee required for a Certificate of Status

FILE NOW! CORPORATE STATUS WILL BE
DELINQUENT AFTER JULY 1ST.

CORPORATION

ANNUAL REPORT
1992



FLORIDA DEPARTMENT OF STATE
John S. Gray
Secretary of State
DIVISION OF CORPORATIONS

APR-992

APPROVED
SEC. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FLA.
FILED

FILING FEE \$61.25 Make Payable To: Secretary of State

DO NOT WRITE IN THIS SPACE

1. Name of Making Address of Corporation DOCUMENT # 386921 (1)

C & E DRUGS, INC.
19 N BLVD OF PRESIDENTS
SARASOTA FL 34236-1304

2. If Address in Block 1 is incorrect in any way, list through the
incorrect information and enter the correct address below. P.O.
Box is acceptable. The NAME of the corporation can be shown, if
desired, by filing an amendment.

21. Mailing Address

22. P.O. Box No.

23. City and State

24. Zip Code

3. Date incorporated or Qualified
To Do Business in Florida

08/10/1971

4. Date of Report

08/28/1991

5. FEE NUMBER

59-1355812

FEE Number Applied For

FEE Number Not Applicable

6.

\$8.75 (Filing Fee) (Filing Fee)

CERTIFICATE OF STATUS (Filing Fee)

6. Address of Principal Officers and Directors (Do not use any common type of business card or incorrect information)

1	2	3	4	5
Name	Name of Officer and Director	Street Address of Each Officer and Director (Do not use any common type of business card or incorrect information)	City and State	Zip Code
1	P/D	EVANS, WILLIAM G	3783 COUNTRYSIDE RD	SARASOTA, FL 00000
2	S/D	EVANS, DONNA L	3783 COUNTRYSIDE RD	SARASOTA, FL 00000
3	P/D	HERLATH, TIMOTHY E	5757 ANTIETAM FL	SARASOTA, FL 34231
4				
5				
6				

REGISTERED AGENT INFORMATION

8. Name and Address of Registered Agent

EVANS, WILLIAM
3783 COUNTRYSIDE RD
SARASOTA, FL 34230

81. Name

82. Street Address (Do not use P.O. Box Number)

83. Street Address (Do not use P.O. Box Number)

84.

SARASOTA

FL.

85.

34236-1304

9. If the corporation is a corporation organized under the laws of the State of Florida, it shall file a copy of its articles of incorporation, its amended articles of incorporation, and its bylaws with the Department of State, Division of Corporations, for filing and recording. If the corporation is a corporation organized under the laws of another state, it shall file a copy of its articles of incorporation, its amended articles of incorporation, and its bylaws with the Department of State, Division of Corporations, for filing and recording. If the corporation is a corporation organized under the laws of a foreign country, it shall file a copy of its articles of incorporation, its amended articles of incorporation, and its bylaws with the Department of State, Division of Corporations, for filing and recording.

10. This corporation has liability for a franchise fee under (S) 199.061, Florida Statutes. Yes ☒ No ☐ (See other side for information on franchise fees.)

SIGNATURE

William S. Evans

RECEIVED

APR 28 1992

REASON OF CONVICTIONS

93 JUN -8 PM 1:17

FOR THE UNITED STATES.

C & E DRUGS, INC.
19 N BLVD OF PRESIDENTS
SARASOTA FL 34236-1304

591355812

5. Cost of Sales (40%)	\$8.75
------------------------	--------

6. Electric Company's Franchise	—	\$5.00	May be
Fixed Franchise Commission	—		Added to Franchise

7. Nonprofit with RUC 13	☐	\$138.75 Nonprofit First-Time Registered
---------------------------------	--------------------------	--

B. The (20) year old male was found dead in the street.
Cause of death: ☐ Asphyxia ☒ Homicide

10. Name and Address of New Registered Agent

81	Name	
82	Street Address (P.O. Box Number or Post Office Box)	
83		
84	City	85 Zip Code
	86 State	

1. The undersigned, a citizen of the United States and of the State of New York, do hereby certify that the foregoing is a true and correct copy of the original as the same appears in the records of the State of New York, and that the same is a true and correct copy of the original as the same appears in the records of the State of New York.

13. OTHERS ATTENDING COURSE

1. 姓名	
2. 性别	
3. 年龄	
4. 职业	
5. 住址	
6. 联系电话	
7. 电子邮箱	
8. 其他	

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

William G EVANS

Press

1813-385-2604

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

34 MAR 22 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1994		FLORIDA DEPARTMENT OF STATE Jan Smith Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	--	--

1. Corporation Name C & E DRUGS, INC.	DOCUMENT # 386921 (1)
--	--------------------------

Mailing Address 19 N BLVD OF PRESIDENTS SARASOTA FLA 34238	Principal Place of Business 19 N BLVD OF PRESIDENTS SARASOTA FLA 34238
--	--

DO NOT WRITE IN THIS SPACE

2. Date Incorporated or Qualified 08/10/1971		3a. Date of Last Report 06/08/1993	
4. FEI Number 50-1355812		Applied For ☐ Not Applicable	
5. Contribution of Status District \$0.75		6. Election Campaign Financing Trust Fund Contributor ☐	
7. Nonprofit Exempt from \$138.75 Supplemental Fee ☐		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 190.012 Florida Statutes ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent EVANS, WILLIAM 19 N. BLVD OF PRESIDENTS SARASOTA FL 34238-8304				10. Name and Address of New Registered Agent 01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City FL 05 Zip Code			
---	--	--	--	---	--	--	--

I, the undersigned, being duly qualified, do hereby certify that the above-named corporation has complied with the provisions of Sections 607.0032 and 607.1503 or Sections 617.0502 and 617.1503, Florida Statutes, and 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1	P/D EVANS, WILLIAM G 19 N BLVD OF PRESIDENTS SARASOTA, FL 00000	11 TITLE	
2	S/O HORVATH, TIMOTHY E 5757 ANTIETAM PLACE SARASOTA FL	12 NAME	
3		13 STREET ADDRESS	
4		14 CITY, ST, ZIP	
5		15 TITLE	
6		16 NAME	
7		17 STREET ADDRESS	
8		18 CITY, ST, ZIP	
9		19 TITLE	
10		20 NAME	
11		21 STREET ADDRESS	
12		22 CITY, ST, ZIP	
13		23 TITLE	
14		24 NAME	
15		25 STREET ADDRESS	
16		26 CITY, ST, ZIP	
17		27 TITLE	
18		28 NAME	
19		29 STREET ADDRESS	
20		30 CITY, ST, ZIP	

I, the undersigned, being duly qualified, do hereby certify that the above-named corporation has complied with the provisions of Sections 119.07(2)(b), Florida Statutes, and 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 119.07(2)(b), Florida Statutes.

SIGNATURE: *William G. Evans*
 WILLIAM G. EVANS
 3-01-94 (813) 388-3604
 (813)

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
FILED
95 MAY -2 PM 3:16

DOCUMENT # 386921

(1)

C & E DRUGS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 N BLVD OF PRESIDENTS
SARASOTA FL 34236

19 N BLVD OF PRESIDENTS
SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification 08/10/1971
3a. Date of Last Report 03/22/1994

4. Filing Number 59-1355812

5. Corporation or Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Filing

8. This corporation has been, for purposes of the law under 2-1990 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EVANS, WILLIAM
19 N. BLVD OF PRESIDENTS
SARASOTA FL 34238-8304

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

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation is a corporation organized under the laws of the State of Florida. Such change was authorized by the corporation's board of directors. I hereby declare the above named as registered agent for the corporation.

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

PD
EVANS, WILLIAM G
19 N BLVD OF PRESIDENTS
SARASOTA, FL 00000
STD
HORVATH, TIMOTHY E.
5757 ANTIETAM PLACE
SARASOTA FL

14. NAME
15. STREET ADDRESS
16. CITY, STATE
17. NAME
18. STREET ADDRESS
19. CITY, STATE
20. NAME
21. STREET ADDRESS
22. CITY, STATE
23. NAME
24. STREET ADDRESS
25. CITY, STATE
26. NAME
27. STREET ADDRESS
28. CITY, STATE
29. NAME
30. STREET ADDRESS
31. CITY, STATE

SIGNATURE:

William G Evans Pres.
William G Evans

2-37-95 (9/2) 258-3000