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Jan 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **481450** (5)

1. Corporation Name
WARD'S PHARMACY, INC.



Principal Place of Business
**3777 RIDGEWOOD AVE
PORT ORANGE FL 32119-3528**

Mailing Address
**3777 RIDGEWOOD AVE
PORT ORANGE FL 32119-3528**

3. Date Incorporated or Qualified **07/30/1975** 3a. Date of Last Report **03/19/1996**

2. Principal Place of Business
21 **5910 TRAILWOOD DR.**
Suite, Apt. #, etc.

2a. Mailing Address
26 **5910 TRAILWOOD DR.**
Suite, Apt. #, etc.

4. FEI Number **59-1615894** Applied For ☐ Not Applicable ☐

22 City & State
23 **PORT ORANGE, FL**

27 City & State
28 **PORT ORANGE, FL.**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

24 Zip **32127** 25 Country **USA**

29 Zip **32127** 30 Country **USA**

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

**WARD, SHARRON RISER
3777 RIDGEWOOD AVE
PORT ORANGE FL 32119**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ (NOT: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	WARD, JAMES E	3777 RIDGEWOOD AVE	PORT ORANGE FL	<input type="checkbox"/>
VD	WARD, SHARRON R	3777 RIDGEWOOD AVE	PORT ORANGE FL	<input type="checkbox"/>
D	WARD, JAMES E.	3777 RIDGEWOOD AVENUE	PORT ORANGE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
		5910 TRAILWOOD DR.	PORT ORANGE, FL. 32127	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	5910 TRAILWOOD DR.	PORT ORANGE, FL. 32127	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	5910 TRAILWOOD DR.	PORT ORANGE, FL. 32127	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME			<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME			<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME			<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: **SHARRON R. WARD**

Sharon R Ward

1-13-97 **904-788-5528**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)