

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 515955 (3)

1. Corporation Name

SUN DIAL DRUGS, INCORPORATED



Principal Place of Business

26880 OLD 41 RD.
BONITA SPRINGS FL 33923

Mailing Address

26880 OLD 41 RD.
BONITA SPRINGS FL 33923

3. Date Incorporated or Qualified
10/06/1976

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-1698270

Applied For
Not Applicable

22

27

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

Country

29

30

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WINDERS, CHARLES H
4912 21ST AVE, SW
NAPLES FL

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 607.0504, Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent and the individual

Signature of the registered agent (signature required when recording)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	☐ DELETE
NAME	WINDERS, SHIRLEY J	
STREET ADDRESS	4912 21ST AVE SE	
CITY-STATE-ZIP	NAPLES FL	
TITLE	STD	☐ DELETE
NAME	WINDERS, CHARLES H	
STREET ADDRESS	4912 21ST AVE SE	
CITY-STATE-ZIP	NAPLES, FL 00000	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Charles H. Winders

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES H. WINDERS

2/15/96

Date

941 992 7007

Daytime Phone #

CR2E034 (12/95)