

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 538358

(3)

1. Corporation Name

MAINLANDS PHARMACY, INC.



Principal Place of Business

2754 S.W. MARIPOSA CIRCLE
PALM CITY FL 34990
US

Mailing Address

2754 S.W. MARIPOSA CIRCLE
PALM CITY FL 34990
US

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip Country

24

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip Country

29 30

3. Date Incorporated or Qualified
06/30/1977

3a. Date of Last Report
06/15/1995

4. FEI Number

59-1755334

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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

10. Name and Address of New Registered Agent

MANOCHIO, JOHN J.
2754 S.W. MARIPOSA CIRCLE
PALM CITY FL 34990

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 607.0605, Florida Statutes.

SIGNATURE

Signature of individual acting as registered agent and the date of filing

Signature of Registered Agent (Signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP
NAME MANOCHIO, NANCY E.
STREET ADDRESS 2754 S.W. MARIPOSA CIRCLE
CITY-STATE-ZIP PALM CITY FL

☐ DELETE

TITLE ST
NAME MANOCHIO, JOHN J.
STREET ADDRESS 2754 S.W. MARIPOSA CIRCLE
CITY-STATE-ZIP PALM CITY FL

☐ DELETE

TITLE PD
NAME MANOCHIO, JOHN J.
STREET ADDRESS 2754 S.W. MARIPOSA CIRCLE
CITY-STATE-ZIP PALM CITY FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

John Manochio

JOHN MANOCHIO

1-28-96

407-286-1135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034 (12/95)