

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

1995 MAR 20 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 540741

(6)

1. Corporation Name

THE PRESCRIPTION COMPANY

500001436185

-03/22/95--01042--015

****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1525 S ANDREWS AVE 1525 S ANDREWS AVE
FT LAUDERDALE FL 33316 FT LAUDERDALE FL 33316

3. Date Incorporated or Qualified 06/22/1977 3a. Date of Last Report 06/29/1994

2. Principal Place of Business 2b. Mailing Address
21 26

4. FEI Number 59-2364828 Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

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

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip 25 Country 28 Zip 30 Country

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

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DERBY, BURCE M. ← spelling
11650 NW 4 STREET
PLANTATION FL 33325

81 Name DERBY, BURCE M.
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 officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (Print or printed name of registered agent and his or her signature)

Signature (Print or printed name of registered agent and his or her signature)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME DERBY, BURCE M.
STREET ADDRESS 11650 NW 4 STREET
CITY- ST- ZIP PLANTATION FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME ~~DERBY~~
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE ST
NAME DERBY, EILEEN A. ← spelling
STREET ADDRESS 11650 NW 4 STREET
CITY- ST- ZIP PLANTATION FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME DERBY, EILEEN A.
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- 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 199.02(4)(b), Florida Statutes. Further, I do hereby certify that the information included 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: Bruce M. Derby BRUCE M. DERBY 1-30-95 305-524-8434

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Nancy B. McHugh
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 544132

(4)

1. Corporation Name

ERICKSON ENTERPRISES, INC.

Principal Place of Business

4255 NO TAMiami TrL
NAPLES FL 33940
US

Mailing Address

1860 BOY SCOUT DR.
SUITE 201
FORT MYERS FL 33907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/30/1977

3a. Date of Last Report

02/18/1994

4. FEI Number

41-1309254

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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

ERICKSON, WILLIAM D.
1860 BOY SCOUT DR.
SUITE 201
FORT MYERS FL 33907

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

(Signature, typed or printed name of registered agent and title, if applicable)

(NOTE: Registered agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VSD
ERICKSON, WILLIAM D
1860 BOY SCOUT DR., #201
FT MYERS, FL 00000

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
ERICKSON, DONALD
1860 BOY SCOUT DR., #201
FT MYERS, FL 0

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
ERICKSON, WILLIAM, D
1860 BOY SCOUT DR., #201
FT MYERS, FL 00000

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
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3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

400001439984
-03/27/95--01022--002
****400.00 ****200.00

2/24/95 MSH

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

2/23/95

813-937-4550