

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90005 021 ***150.00

0422431

DOCUMENT # 635523

1. Corporation Name
ECKERD FLEET, INC.

Principal Place of Business
% CORP TAX DEPT
8333 BRYAN DAIRY ROAD
LARGO FL 34647
US

Mailing Address
% CORP TAX DEPT
8333 BRYAN DAIRY ROAD
LARGO FL 34647
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/07/1979

4. FEI Number
59-1935574
Applied For
Not Applicable

2. Principal Place of Business
21 Suite, Apt. #, etc.

2a. Mailing Address
26 PO Box 10001
Suite, Apt. #, etc.

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

23 City & State

27 City & State
28 DALLAS TX

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

24 Zip Country
25

29 75301-1205 30 US

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HENDRICKS, LINDA
8333 BRYAN DAIRY RD
ATTN RISK MANAGEMENT
LARGO FL 33777

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PDCE	<input type="checkbox"/> DELETE
NAME	NEWMAN, FRANK A.	
STREET ADDRESS	8333 BRYAN DAIRY ROAD	
CITY-ST-ZIP	LARGO FL	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	ROBERT, LEWIS E.	
STREET ADDRESS	8333 BRYAN DAIRY ROAD	
CITY-ST-ZIP	LARGO FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	SANTO, JAMES E	
STREET ADDRESS	8333 BRYAN DAIRY ROAD	
CITY-ST-ZIP	LARGO FL	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	MILAM, DENNIS J	
STREET ADDRESS	8333 BRYAN DAIRY ROAD	
CITY-ST-ZIP	LARGO FL	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	GLADYSZ, MARTIN W.	
STREET ADDRESS	8333 BRYAN DAIRY ROAD	
CITY-ST-ZIP	LARGO FL	
TITLE	DVCF	<input type="checkbox"/> DELETE
NAME	WRIGHT, SAMUEL G.	
STREET ADDRESS	833 BRYAN DAIRY RD	
CITY-ST-ZIP	LARGO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

Dennis J. Milam
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28, 1999 (727) 395-6000
Date Daytime Phone #

CR2E034 (11/98)