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FILED
May 07 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 # 670174

(2)

1. Corporation Name

JACOB BECKEL DRUGS, INC.

Principal Place of Business

5905 HAMPTON OAKS PKWY
SUITE C
TAMPA FL 33610

Mailing Address

5905 HAMPTON OAKS PKWY
SUITE C
TAMPA FL 33610-9570

3. Date Incorporated or Qualified

05/14/1980

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 615 S. WARE BOULEVARD
Suite, Apt. #, etc.

2a. Mailing Address

26 615 S. WARE BOULEVARD
Suite, Apt. #, etc.

City & State

23 TAMPA FLORIDA

City & State

28 TAMPA FLORIDA

Zip Country

24 33619

Zip Country

29 33619

4. FEI Number

59-1984207

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

GIBSON, JAMES D
5905 HAMPTON OAKS PKWY
SUITE C
TAMPA FL 33610

10. Name and Address of New Registered Agent

81 Name

JACOB BECKEL

82 Street Address (P.O. Box Number is Not Acceptable)

615 SOUTH WARE BOULEVARD

83

84 City

TAMPA

FL

85 Zip Code

33619

11. Pursuant to the provisions of Sections 607.002 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

Jacob Beckel

JACOB BECKEL

4/24/97

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 ☐ DELETE

NAME BECKEL, JACOB
STREET ADDRESS 5905 HAMPTON OAKS PKWY STE C
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS 615 SOUTH WARE BOULEVARD
14 CITY-ST-ZIP TAMPA FL 33619

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Jacob Beckel

JACOB BECKEL

4/24/97

CR2E034 (9/96)