

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 22 PM 3:31

DOCUMENT # 827621

(4)

1. Corporation Name

CLARKMAR DRUG CORPORATION

Principal Place of Business

100 W 10TH ST
WILMINGTON DE 19801-1610

Mailing Address

100 W 10TH ST
WILMINGTON DE 19801-1610

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1972

3a. Date of Last Report

02/23/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

75-1158119

Applied For

Not Applicable

State, Apt. #, etc.

22

State, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24

Country

25

Zip

29

Country

30

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

9. Name and Address of Current Registered Agent

RAY, DAVID C.
1610 FISKE BLVD.
ROCKLEDGE FL 32955

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

David C. Ray

(Print Name of Registered Agent and Title if Applicable)

3/27/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	RAY, DAVID C
STREET ADDRESS	737 WHITE PINE AVE
CITY, ST, ZIP	ROCKLEDGE FL
TITLE	VD
NAME	RAY, CYRUS B
STREET ADDRESS	525 ROCKLEDGE DR
CITY, ST, ZIP	ROCKLEDGE FL
TITLE	STD
NAME	RAY, FRANCES A
STREET ADDRESS	737 WHITE PINE AVE
CITY, ST, ZIP	ROCKLEDGE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	RAY, DAVID C	☒ Change ☐ Addition
2. NAME	1407 Rockledge DR	
3. STREET ADDRESS	Rockledge FL 32955	
4. CITY, ST, ZIP		
21. TITLE		☐ Change ☐ Addition
22. NAME		
23. STREET ADDRESS		
24. CITY, ST, ZIP		
31. TITLE	RAY, FRANCES A	☒ Change ☐ Addition
32. NAME	1407 Rockledge DR	
33. STREET ADDRESS	Rockledge, FL 32955	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

David C. Ray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/95

Date

407 632-9495

Telephone Number