FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90436 023 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000002484

1. Entity Name

EOC DRUG STORES, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8333 BRYAN DAIRY RD	6501 LEGACY DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LARGO FL	City & State: PLANO TX
Zip: 33777 Country: USA	Zip: 75024 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 56-0596933 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: C.T. CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND RD

City: LARGO FL Zip Code: 33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	C
NAME	HARRIS, J.W.
STREET ADDRESS	8333 BRYAN DAIRY RD
CITY-ST-ZIP	LARGO FL 33777
TITLE	V/S/D
NAME	LEWIS, R.E.
STREET ADDRESS	8333 BRYAN DAIRY RD
CITY-ST-ZIP	LARGO FL 33777
TITLE	V/D
NAME	MILLER, D P
STREET ADDRESS	8333 BRYAN DAIRY RD
CITY-ST-ZIP	LARGO FL 33777
TITLE	AS
NAME	VAWRINEK, J J
STREET ADDRESS	6501 LEGACY DR
CITY-ST-ZIP	PLANO TX 75024
TITLE	A T
NAME	NADOLI, F N.
STREET ADDRESS	6501 LEGACY DR
CITY-ST-ZIP	PLANO TX 75024
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CR2E034B (12/01)

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Jeffrey J. Vawrinek JEFFREY J. VAWRINEK 972-431-2159

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL210 - 2/26/2002 C T System Online