FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

95 MAY -1 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F07196** **(1)**

1. Corporate Name

HOGAN'S REXALL DRUGS, INC.

Principal Place of Business	Mailing Address
C/O THOMAS S. HOGAN 651 S. BROAD ST BROOKSVILLE FL 34601	C/O THOMAS S. HOGAN 651 S. BROAD ST. BROOKSVILLE FL 34601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/26/1980**	3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2041179**	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
7. This corporation has activity for chargeable tax under § 193.052, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HOGAN, THOMAS S 651 S. BORAD ST. BROOKSVILLE FL 33512	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 Section(s) 607.0427 and 607.1506, 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: _____ (If changing Registered Agent, registered agent must sign above) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
21 TITLE	PD	41 TITLE	☐ Change ☐ Addition
22 NAME	HOGAN, THOMAS S	42 NAME	
23 STREET ADDRESS	7400 MILDRED AVE.	43 STREET ADDRESS	
24 CITY-ST-ZIP	BROOKSVILLE FL	44 CITY-ST-ZIP	
25 TITLE		45 TITLE	☐ Change ☐ Addition
26 NAME		46 NAME	
27 STREET ADDRESS		47 STREET ADDRESS	
28 CITY-ST-ZIP		48 CITY-ST-ZIP	
29 TITLE		49 TITLE	☐ Change ☐ Addition
30 NAME		50 NAME	
31 STREET ADDRESS		51 STREET ADDRESS	
32 CITY-ST-ZIP		52 CITY-ST-ZIP	
33 TITLE		53 TITLE	☐ Change ☐ Addition
34 NAME		54 NAME	
35 STREET ADDRESS		55 STREET ADDRESS	
36 CITY-ST-ZIP		56 CITY-ST-ZIP	
37 TITLE		57 TITLE	☐ Change ☐ Addition
38 NAME		58 NAME	
39 STREET ADDRESS		59 STREET ADDRESS	
40 CITY-ST-ZIP		60 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and 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 Block 12 if changed or added to the report.

SIGNATURE: Thomas S. Hogan 5/1/95 **904/796-3503**

SIGNATURE AND TYPED OR PRINTED NAME OF BINDING OFFICER OR DIRECTOR
Thomas S. Hogan, President/Director

Daytime Phone #

0354264 CP