

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

FILED  
May 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F94000005946 (8)  
1. Corporation Name  
Big B Drugs, Inc.

Principal Place of Business Mailing Address

2. Principal Place of Business 2a. Mailing Address  
21 1925 Enterprise Parkway 26 1925 Enterprise Parkway  
22 City & State 27 City & State  
23 Twinsburg, Ohio 28 Twinsburg, Ohio  
24 44087 25 Country 29 44087 30 Country

3. Date Incorporated or Qualified 11/17/94 3a. Date of Last Report 4/20/96  
4. FEI Number 58-0515338 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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent  
CT Corporation System  
1200 S. Pine Island Road  
Plantation, FL 33324

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PV	<input checked="" type="checkbox"/> DELETE
NAME	Bruno, Anthony J.	
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	VST	<input checked="" type="checkbox"/> DELETE
NAME	Jones, Arthur M SR.	
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	D. Dwayne Hoven	
13 STREET ADDRESS	162 Deerfield Court	
14 CITY-STATE-ZIP	Aurora, OH 44202	
2.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Brian P. Carney	
2.3 STREET ADDRESS	19708 Kensington Court	
2.4 CITY-STATE-ZIP	Strongsville, OH 44136	
3.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Robert T. Raaf	
3.3 STREET ADDRESS	2273 Wellington Circle	
3.4 CITY-STATE-ZIP	Hudson, OH 44236	
4.1 TITLE	Secretary / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Jack A. Staph	
4.3 STREET ADDRESS	2628 Kerwick Road	
4.4 CITY-STATE-ZIP	University Heights, OH 44118	
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	500002178145	
5.4 CITY-STATE-ZIP	-05/14/97--01041--035	
6.1 TITLE	***165.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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: \_\_\_\_\_ DATE: 4/29/97 (216) 425-9811  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)