

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90285 005 *1,200.00

DOCUMENT # F94000005946

1. Corporation Name
BIG B DRUGS, INC.



Principal Place of Business Mailing Address
ONE CVS DR WOODSOCKET RI 02895 US
ONE CVS DR LEGAL DEPT WOODSOCKET RI 02895 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified
11/17/1994
4. FEI Number Applied For
58-0515338 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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 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	PD <input type="checkbox"/> DELETE
NAME	RYAN, THOMAS M
STREET ADDRESS	ONE CVS DR
CITY-ST-ZIP	WOODSOCKET RI 02895
TITLE	D <input type="checkbox"/> DELETE
NAME	CONAWAY, CHARLES C
STREET ADDRESS	ONE CVS DRIVE
CITY-ST-ZIP	WOODSOCKET RI 02895
TITLE	D <input type="checkbox"/> DELETE
NAME	NELSON, DANIEL C
STREET ADDRESS	ONE CVS DR
CITY-ST-ZIP	WOODSOCKET RI 02895
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	STAPH, JACK A
STREET ADDRESS	2628 KERWICK ROAD
CITY-ST-ZIP	UNIVERSITY HEIGHTS OH 44118
TITLE	T <input type="checkbox"/> DELETE
NAME	SOLBERG, LARRY D
STREET ADDRESS	ONE CVS DR
CITY-ST-ZIP	WOODSOCKET RI 02895
TITLE	AS <input type="checkbox"/> DELETE
NAME	LUKER, MELAINE K
STREET ADDRESS	ONE CVS DR
CITY-ST-ZIP	WOODSOCKET RI 02895

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JVP Zenon P. Lankowsky
4.3 STREET ADDRESS	One CVS Drive
4.4 CITY-ST-ZIP	Woodsocket, RI 02895
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	AS Thomas S. Moffatt
6.3 STREET ADDRESS	One CVS Drive
6.4 CITY-ST-ZIP	Woodsocket RI 02895

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TITLE REQUIRED

Date: 4/5/99 Daytime Phone #: (401) 770-3565

CR2E034 (1/198)