

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: ONE CVS DR, WOONSOCKET RI 02895, US  
Mailing Address: ONE CVS DR, LEGAL DEPT, WOONSOCKET RI 02895, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields.

3. Date Incorporated or Qualified: 11/17/1994  
4. FEI Number: 58-0515338  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$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 (81-85) fields.

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: \_\_\_\_\_ (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: WOONSOCKET RI 02895	
TITLE: D	<input type="checkbox"/> DELETE
NAME: CONAWAY, CHARLES C	
STREET ADDRESS: ONE CVS DRIVE	
CITY-ST-ZIP: WOONSOCKET RI 02895	
TITLE: D	<input type="checkbox"/> DELETE
NAME: NELSON, DANIEL C	
STREET ADDRESS: ONE CVS DR	
CITY-ST-ZIP: WOONSOCKET 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: WOONSOCKET RI 02895	
TITLE: AS	<input type="checkbox"/> DELETE
NAME: LUKER, MELAINE K	
STREET ADDRESS: ONE CVS DR	
CITY-ST-ZIP: WOONSOCKET 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	Woonsocket, 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	Woonsocket 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: \_\_\_\_\_ DATE: 4/5/99 (401) 770-3565

CR2E034 (1/198)