

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F95000004613 (4)

1. Corporation Name
RITE AID OF SOUTH CAROLINA, INC.

Principal Place of Business
PO BOX 3165
HARRISBURG PA 17105

Mailing Address
PO BOX 3165
HARRISBURG PA 17105



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/22/1995

4. FEI Number
23-2047222

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE
NAME BROWN, FRANKLIN
STREET ADDRESS 30 HUNTER LN
CITY-ST-ZIP CAMP HILL PA 17011

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME BRGONZI, FRANK
STREET ADDRESS 30 HUNTER LN
CITY-ST-ZIP CAMP HILL PA 17011

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ST ☐ DELETE
NAME KRAHULEC, JAMES
STREET ADDRESS 30 HUNTER LN
CITY-ST-ZIP CAMP HILL PA 17011

3.1 TITLE V ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME GRASS, ALEX
STREET ADDRESS 4025 CROOKED HILL RD
CITY-ST-ZIP HARRISBURG PA 17110

4.1 TITLE P ☐ Change ☒ Addition
4.2 NAME CHARLES KIBLER
4.3 STREET ADDRESS 30 HUNTER LANE
4.4 CITY-ST-ZIP CAMP HILL, PA 17011

TITLE D ☒ DELETE
NAME GRASS, MARTIN
STREET ADDRESS 1700 MOUNTAINVIEW RD
CITY-ST-ZIP HARRIDBURG PA 17110

5.1 TITLE T ☐ Change ☒ Addition
5.2 NAME JOSEPH SPEAKER
5.3 STREET ADDRESS 30 HUNTER LANE
5.4 CITY-ST-ZIP CAMP HILL, PA 17011

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE S ☐ Change ☒ Addition
6.2 NAME I. LAWRENCE GELMAN
6.3 STREET ADDRESS 30 HUNTER LANE
6.4 CITY-ST-ZIP CAMP HILL, PA 17011

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

SIGNATURE: X

4/21/98

(717)761-2633

CR2E034 (10/97)