

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 23 PM 3:21

DOCUMENT # **G94508**

(0)

1. Corporation Name

OAKLAKE PHARMACY, INC.

Principal Place of Business

**C/O STAMAS
752 CHESAPEAKE DR
TARPON SPRINGS FL 34689**

Mailing Address

**C/O STAMAS
752 CHESAPEAKE DR
TARPON SPRINGS FL 34689**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/02/1984

3a. Date of Last Report

01/27/1994

4. FEI Number

59-2390966

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Concerning Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21. Suite, Apt. #, etc.

2a. Mailing Address

26. Suite, Apt. #, etc.

23. City & State

27. City & State

24. Zip

25. Country

28. Zip

30. Country

9. Name and Address of Current Registered Agent

**STAMAS, JOHN P.
752 CHESAPEAKE DR.
TARPON SPRINGS FL 34689**

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 of agent or printed name of registered agent and the address of the agent

Signature of Registered Agent or printed name of registered agent and the address of the agent

(Date)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
STAMAS, JOHN P.
752 CHESAPEAKE DR.
TARPON SPRINGS FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
BIGELOW, HERBERT
752 CHESAPEAKE DR
TARPON SPRINGS FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TM
STAMAS, RHONDA B.
752 CHESAPEAKE DR.
TARPON SPRINGS FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
BIGELOW, KAY G.
752 CHESAPEAKE DR
TARPON SPRINGS FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. TITLE ☐ Change ☐ Addition

15. NAME

16. STREET ADDRESS

17. CITY-ST-ZIP

18. TITLE

19. NAME

20. STREET ADDRESS

21. CITY-ST-ZIP

22. TITLE

23. NAME

24. STREET ADDRESS

25. CITY-ST-ZIP

26. TITLE

27. NAME

28. STREET ADDRESS

29. CITY-ST-ZIP

30. TITLE

31. NAME

32. STREET ADDRESS

33. CITY-ST-ZIP

34. TITLE

35. NAME

36. STREET ADDRESS

37. CITY-ST-ZIP

38. TITLE

39. NAME

40. STREET ADDRESS

41. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.027, 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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/95 3/3 73 14/118