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Apr 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H07652

(1)

1. Corporation Name

D & K DRUGS, INC.



Principal Place of Business

1209 DELAWARE AVE
515 S. INDIAN RIVER DR
ST. PIERCE FL 34950
US

Mailing Address

1209 DELAWARE AVE
515 S. INDIAN RIVER DR
FT. PIERCE FL 34950-1503
US

3. Date Incorporated or Qualified

06/11/1984

3a. Date of Last Report

04/15/1996

2. Principal Place of Business

21 1209 DELAWARE AVE.

Suite, Apt. #, etc.

2a. Mailing Address

26 1209 DELAWARE AVE.

Suite, Apt. #, etc.

4. FEI Number

59-2424416

Applied For

Not Applicable

22 City & State

23 FORT PIERCE, FL

24 Zip

25 Country

USA

27 City & State

28 FORT PIERCE, FL

29 Zip

30 Country

USA

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

GORMAN, ROBERT J.
515 S. INDIAN RIVER DR
1209 DELAWARE AVE
FT. PIERCE FL 34950

10. Name and Address of New Registered Agent

81 Name

GORMAN, ROBERT J.

82 Street Address (P.O. Box Number is Not Acceptable)

1209 DELAWARE AVENUE

83

84 City

FORT PIERCE

FL

85 Zip Code

34950

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

Robert J. Gorman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/24/97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
STREET ADDRESS SIANO, DOMINIC
CITY-ST-ZIP 710 GRANDVIEW BLVD
FT PIERCE FL

TITLE ☐ DELETE

NAME STD
STREET ADDRESS SIANO, KATHY
CITY-ST-ZIP 710 GRANDVIEW BLVD
FT PIERCE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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:

Kathleen D. Siano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treas

4-7-97

561-466-0871

Date

Daytime Phone #

CR2E034 (9/96)