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

APPROVED AND FILED
95 MAR 23 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H09940 (8)

1. Corporation Name
ECKERD CONSUMER PRODUCTS, INC.

Principal Place of Business	Mailing Address
C/O LEE HANSCOM 8333 BRYAN DAIRY ROAD LARGO FL 34647	C/O LEE HANSCOM 8333 BRYAN DAIRY ROAD LARGO FL 34647

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/27/1984
3a. Date of Last Report: 03/01/1994

	Principal Place of Business	Mailing Address
2. / 2a.	c/o CORP. TAX DEPT.	c/o CORP. TAX DEPT.
Suite, Apt. #, etc.	8333 BRYAN DAIRY RD	8333 BRYAN DAIRY RD.
City & State	LARGO, FL	LARGO, FL.
Zip / Country	34647	34647

4. FEI Number: 59-2423108 ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HANSCOM, LEE
8333 BRYAN DAIRY ROAD
LARGO FL 34647

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	NEWMAN, FRANK A	1.2 NAME	
STREET ADDRESS	8333 BRYAN DAIRY ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	
TITLE	ATD	2.1 TITLE	☐ Change ☐ Addition
NAME	MEISTER, MICHAEL D	2.2 NAME	
STREET ADDRESS	8333 BRYAN DAIRY ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	☐ Change ☐ Addition
NAME	SANTO, JAMES M.	3.2 NAME	
STREET ADDRESS	8333 BRYAN DAIRY ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	
TITLE	DV	4.1 TITLE	D Delete ☒ Change ☐ Addition
NAME	ROBERSON, RICHARD W.	4.2 NAME	STEWART TURLEY
STREET ADDRESS	8333 BYRAN DAIRY RD	4.3 STREET ADDRESS	8333 BRYAN DAIRY RD.
CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP	LARGO, FL
TITLE	VT	5.1 TITLE	VPT Delete ☐ Change ☐ Addition
NAME	WHIDDON, THOMAS E.	5.2 NAME	MARTIN W. GLADYSZ
STREET ADDRESS	8333 BRYAN DAIRY RD.	5.3 STREET ADDRESS	8333 BRYAN DAIRY RD.
CITY-ST-ZIP	LARGO FL	5.4 CITY-ST-ZIP	LARGO, FL.
TITLE	S	6.1 TITLE	☐ Change ☐ Addition
NAME	SANTO, JAMES M.	6.2 NAME	
STREET ADDRESS	8333 BRYAN DAIRY RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	6.4 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 119.07(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: _____ 3/13/95 813/399-6337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MICHAEL D. MEISTER

0363021 CP