SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

• PROFIT
CORPORATION
• ANNUAL REPORT
1996

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

DOCUMENT # **H21719** **(0)**

1. Corporation Name
LAKEWOOD APOTHECARY, INC.

Principal Place of Business	Mailing Address
C/O WILLIAM C. MASON, PRESIDENT 800 PRUDENTIAL DRIVE JACKSONVILLE FL 32207	C/O WILLIAM C. MASON, PRESIDENT 800 PRUDENTIAL DRIVE JACKSONVILLE FL 32207

2. Name of Qualified Business	c/o William C. Mason	2a. Name of Qualified Business	c/o William C. Mason
21 Address	1301 Riverplace Blvd	26 Address	1301 Riverplace Blvd.
22 Suite, Apt. #, etc.	Suite 1700	27 Suite, Apt. #, etc.	Suite 1700
23 City & State	Jacksonville, FL	28 City & State	Jacksonville, FL
24 Zip	32207	29 Zip	32207
25 Country	USA	30 Country	USA

3. Date Incorporated or Qualified: 09/19/1984
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2448522 ☐ 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**
SMITH HULSEY & BUSEY
225 WATERS STREET
1800 FIRST UNION NATIONAL BANK BLDG
JACKSONVILLE FL 32202

10. **Name and Address of New Registered Agent**
81 Name: Harvey Granger, General Counsel
82 Street Address (P.O. Box Number is Not Acceptable): 1301 Riverplace Blvd.
83: Suite 1700
84 City: Jacksonville **FL** 85 Zip Code: 32207

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] Harvey Granger 7-29-96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PARRETT, DONALD O. 1325 SAN MARCO BLVD. SUITE 901 JACKSONVILLE FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV THOMPSON, CAROL C. 800 PRUDENTIAL DRIVE JACKSONVILLE FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D/V Thompson, Carol C. 1301 Riverplace Blvd., Suite 1700 Jacksonville, FL 32207	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST GRANGER, HARVEY 800 PRUDENTIAL DR. JACKSONVILLE FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	S/T Granger, Harvey 1301 Riverplace Blvd., Suite 1700 Jacksonville, FL 32207	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AST JACKSON, REBECCA B. 800 PRUDENTIAL DRIVE JACKSONVILLE FL	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	AS/AT Jackson, Rebecca B. 1301 Riverplace Blvd., Suite 1700 Jacksonville, FL 32207	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Rebecca B. Jackson 7-29-96 904/202-4001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #