

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

FILED

May 02 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 # H21719

(0)

1. Corporation Name

LAKEWOOD APOTHECARY, INC.

Principal Place of Business

C/O WILLIAM C. MASON
1301 RIVERPLACE BLVD., SUITE 1700
JACKSONVILLE FL 32207
US

Mailing Address

C/O WILLIAM C. MASON
1301 RIVERPLACE BLVD., SUITE 1700
JACKSONVILLE 32 32207-9047
US

3. Date Incorporated or Qualified

09/19/1984

3a. Date of Last Report

08/05/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2448522

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

GRANGER, HARVEY. GENERA
1301 RIVERPLACE BLVD.
SUITE 1700
JACKSONVILLE FL 32207

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	PARRETT, DONALD O.	
STREET ADDRESS	1325 SAN MARCO BLVD. SUITE 901	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DV	☐ DELETE
NAME	THOMPSON, CAROL C.	
STREET ADDRESS	1301 RIVERPLACE BLVD., SUITE 1700	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	ST	☐ DELETE
NAME	GRANGER, HARVEY	
STREET ADDRESS	1301 RIVERPLACE BLVD., SUITE 1700	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	ASAT	☐ DELETE
NAME	JACKSON, REBECCA B.	
STREET ADDRESS	1301 RIVERPLACE BLVD., SUITE 1700	
CITY-ST-ZIP	JACKSONVILLE FL	
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	Burghardt, Joseph P.
5.3 STREET ADDRESS	1325 San Marco Blvd., Suite 901
5.4 CITY-ST-ZIP	Jacksonville, FL 32207
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 the 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 *Rebecca B. Jackson* Rebecca B. Jackson, Asst. Sec. 4-23-97 904/202-4001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0032466

CR2E034 (9/96)