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May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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
800 PRUDENTIAL DR. JACKSONVILLE FL 32202 US	800 PRUDENTIAL DR. JACKSONVILLE FL 32202 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 c/o William C. Mason 1301 Riverplace Blvd.	3. Date Incorporated or Qualified 09/19/1984	
Suite, Apt. #, etc. 22	27 Ste.1700	4. FEI Number 59-2448522	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Jacksonville, FL	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 32207 / 30 US	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GRANGER, HARVEY 1301 RIVERPLACE BLVD. SUITE 1700 JACKSONVILLE FL 32207	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	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PARRETT, DONALD O.		1.2 NAME	
STREET ADDRESS	1325 SAN MARCO BLVD. SUITE 901		1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, CAROL C.		2.2 NAME	
STREET ADDRESS	1301 RIVERPLACE BLVD., SUITE 1700		2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GRANGER, HARVEY		3.2 NAME	
STREET ADDRESS	1301 RIVERPLACE BLVD., SUITE 1700		3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	
TITLE	ASAT	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	JACKSON, REBECCA B.		4.2 NAME	
STREET ADDRESS	1301 RIVERPLACE BLVD., SUITE 1700		4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BURGHARDT, JOSEPH P		5.2 NAME	
STREET ADDRESS	1325 SAN MARCO BLVD, SUITE 901		5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (10/97)

14. I 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: Rebecca B. Jackson 4-24-98 904/202-4005