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**FILED**  
**Feb 20, 1999 8:00 am**  
**Secretary of State**

02-20-1999 90149 002 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **J08780**

1. Corporation Name  
**TEMCO DRUGS, INC.**

Principal Place of Business

5909 ABSHIER BLVD  
 BELLEVUE FL 34420  
 US

Mailing Address

1535 S.E. 37TH AVENUE  
 OCALA FL 34471



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

04/11/1986

4. FEI Number

59-2665071

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 owes the current year Intangible Personal Property Tax.

Yes  No

9. Name and Address of Current Registered Agent

KISER, DENNIS  
 1535 SE 37 AVE.  
 OCALA FL 32671

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

1. 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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<p><input type="checkbox"/> DELETE</p> <p>DP                      KISER, DENNIS C                      1535 S.E. 37TH AVE.                      OCALA FL</p>	<p>1.1 TITLE</p> <p>1.2 NAME</p> <p>1.3 STREET ADDRESS</p> <p>1.4 CITY-ST-ZIP</p>
<p><input type="checkbox"/> DELETE</p> <p>SDT                      KISER, THERESA M                      1535 S.E. 37TH AVE.                      OCALA FL</p>	<p>2.1 TITLE</p> <p>2.2 NAME</p> <p>2.3 STREET ADDRESS</p> <p>2.4 CITY-ST-ZIP</p>
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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, with all other like empowered.

SIGNATURE: *Dennis C Kiser* DENNIS C KISER 2/9/99 352-245-2214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)