FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J94209** **(0)**

1. Corporation Name

PASCO WHOLESALE DRUGS, INC.

Principal Place of Business

3336 GRAND BLVD.
SUITE 201
HOLIDAY FL 34690
US

Mailing Address

P. O. BOX 1665
NEW PORT RICHEY FL 34656
US

3. Date Incorporated or Qualified: 09/22/1987

3a. Date of Last Report: 01/18/1995

4. FEI Number: 59-2841902 ☐ 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

2. Principal Place of Business
21 7143 SR 54
Suite, Apt. #, etc.
22 #110
City & State
23 NEW PORT RICHEY FL
Zip 24 34653 Country 25 USA

2a. Mailing Address
26 7143 SR 54
Suite, Apt. #, etc.
27 #110
City & State
28 NEW PORT RICHEY FL
Zip 29 34653 Country 30 USA

9. Name and Address of Current Registered Agent

CUTTER, CHARLES
7116 BEACHDALE CT.
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

81 Name: Charles CUTTER
82 Street Address (P.O. Box Number is Not Acceptable): 8136 BARBERRY DRIVE
83
84 City: PORT RICHEY FL 85 Zip Code: 34668

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 _____

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	CUTTER, CHARLES A	
STREET ADDRESS	7116 BEACHDALE CT.	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	SAME	☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS	8136 Barberry DR	
14 CITY-ST-ZIP	PORT RICHEY FL 34668	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report 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 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 added to the report or is otherwise entitled.

SIGNATURE: Charles Cutter 4/4/96 813-842-9388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #