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| NONPROFIT |
|---------------|
| CORPORATION |
| annual report |

JACKSONVILLE FL 32202



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N50141

(3)

STAY AWAY FROM DRUGS, INC.

| Principal Place of Business | Mailing Address | | " t dedfinal mai minii maidi sirii dfani | 116: A10:1 018:1 010!1 0:0!1 0:0!1 0:0!1 0:0! | | | |
|--|----------------------------------|---|---|---|--|--|--|
| P.O. BOX 761 PALATKA FL 32178 | P.O. BOX 761 PALATKA FL 32178 | | | | | | |
| | | | 3. Date Incorporated or Qualified 07/30/1992 | 3a. Date of Last Report 05/01/1995 | | | |
| 2. Principal Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For | | | |
| 21 | 26 | | 59-3134600 | Not Applicable | | | |
| Suite, Apt. #, etc. 22 4 Highland Ave | Suite, Apt. #, etc. | ne | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | | |
| 23 Green Cove Springs, Fla | City & State Cove 5 | Satives F | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | | |
| Zip 32043 25 Clay | 29 32043 30 | Cky | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes \[\begin{align*} \text{Yes} & \text{No} \\ \ | | | | |
| 1800 FIRST UNION NATIONAL BANK TOWER | | 10. Name and Address of New Registered Agent | | | | | |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 225 WATER STREET | | 83 | | | | | |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508. 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 617.0503, Florida Statutes.

City

| SIGNATURE | Signature, typod or printed name of resistored agent and title | eritagourable (NOII) | Hamelarad Arged et mali en | On wind allow count years | | | |
|----------------|--|----------------------|--|----------------------------------|-----------------|------------|--|
| 12. | OFFICERS AND DIRECTORS (NOTE | | Hogstered Agent signature required when rendange DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | |
| TITLE | PO | DELETE | 1.1 THTLE | PD | ⊘ €hange | ☐ Addition | |
| NAME | WALKER, JR. E | | 1.2 NAME | White The E. | | _ | |
| STREET ADDRESS | RT 1 BOX 317 | | 1 3 STREET ADDRESS | Walker Jr. E. 4 Highland Aug. | | | |
| CITY-ST-ZIP | POMONA PARK FL 32181 | | 1.4 CITY - ST-ZIP | Green Cove Springs | 32043 | | |
| TITLE | VD | DELETE | 2 1 TITLE | 211112 | Change | ☐ Addition | |
| NAME | TUTON, JO O'STEEN | | 2 2 NAME | | | | |
| STREET ADDRESS | 3435 ROGERO RD | | 2 3 STREET ADDRESS | | | i | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 2 4 CITY - ST - ZIP | | | | |
| TITLE | VD | DELETE | 3 1 TITLE | | ☐ Change | Addition | |
| NAME | YEOMAN, MICHAEL G | | 3 2 NAME | | | | |
| STREET ADDRESS | 5350 ARLINGTON EXPRESSWAY, | APT #2003 | 3 3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 3 4. CITY - ST - ZIP | | | | |
| TITLE | S | DELETE | 4.1 TITLE | | ☐ Change | Addition | |
| NAME | YEOMAN, SUSAN K | | 4. 2 NAME | | | | |
| STREET ADDRESS | 5350 ARLINGTON EXPRESSWAY, | APT. #2003 | 4.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 4.4 C(TY - ST - ZIP | | | | |
| TITLE | Ţ | DELETE | 5.1 TITLE | | ☐ Change | Add-tion | |
| NAME | SMITH, NANCY J | | 5.2 NAME | | | į | |
| STREET ADDRESS | 11436 FT CAROLINE RD | | 5.3 STREET ADDRESS | 1 | | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 54 CHY-ST-ZIP | | | | |
| TITLE | | DELETE | 61 THTLF | | ☐ Change | Addition | |
| NAME | | | 6.2 NAME | | | ĺ | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 6.4 O(TY - ST - Z)P | | | | |

14. Lot 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. Ffurther 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: ✓

LPB Far Walker 4/25/96 904-284-6073
E OF SIGNING OFFICER ON DIRECTOR

CR2E037 (12/95)

Zip Code