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

Jul 09 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1**9**98 DOCUMENT # (5)P12703 TENNESSEE WHOLESALE DRUG COMPANY, INC. Principal Place of Business Mailing Address 200 CUMBERLAND BEND 200 CUMBERLAND BEND 200 CUMBERLAND BEND 200 CUMBERLAND BEND NASHVILLE TN \$7228-1804 NASHVILLE TN 37228-1804 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/29/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 62-0382340 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Zip Country Country Ζip 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. ☐ Yes 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 84 Zip Code City 85 FI 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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE Registered Agent a gnature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 1.1 TITLE Addition CASEY, JOE D NAME 1.2 NAME James E. Richards 200 CUMBERLAND BEND STREET ADDRESS 1.3 STREET ADDRESS 200 Cumberland Bend **NASHVILLE TN** CITY-ST-ZIP 1.4 CITY - ST - ZIP Nashville, TN Change DELETE Addition TITLE 2.1 TITLE SHAYNE, HERBERT 2.2 NAME 200 CUMBERLAND BEND STREET ADDRESS 2.3 STREET ADDRESS NASHVILLE TN CITY-ST-7IP 2. 4 CITY - ST - ZIP Change TITLE DELETE 3.1 TITLE Addition JOHNSON, JAMES L NAME 3.2 NAME 200 CUMBERLAND BEND STREET ADDRESS 3.3 STREET ADDRESS **NASHVILLE TN** CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change Addition TITLE 4.1 TITLE HOHLFELD, MIKE NAME 4. 2 NAME 200 CUMBERLAND BEND STREET ADDRESS 4.3 STREET ADDRESS NASHVILLE TN CITY-ST-ZIP 4.4 CHY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE WILSON, DAVID K NAME 5.2 NAME 200 CUMBERLAND BEND STREET ADDRESS 5.3 STREET ADDRESS NASHVILLE TN 5.4 City - ST- ZIP CITY-ST-7IP DELETE 6.1 TITLE Change Addition TITLE HAUGEN, BARBARA NAME 6.2 NAME 200 CUMBERLAND BEND

6.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filling 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

SIGNATURE: X Yemles & Rules

Block 12 or Block 13 if changed, or on an attachment with an address

NASHVILLE TN

STREET ADDRESS

CITY - ST - ZIP

6-15-98

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FILED