

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 AM 11:39

DOCUMENT # P35435

(7)

1. Corporation Name

WINTER FERN DRUG DISTRIBUTORS, INC.

Principal Place of Business

155 HIDDEN RAVINES DRIVE
POWELL OH 43065

Mailing Address

155 HIDDEN RAVINES DRIVE
POWELL OH 43065

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/09/1991

3a. Date of Last Report

02/02/1994

4. FEI Number

31-1331671

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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

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 this 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 (not applicable)

(NOTE: Registered Agent signature required when naming)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PTD

WILBER, GARY

155 HIDDEN RAVINES DRIVE

POWELL OH

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

AS

WILBER, GARY

155 HIDDEN RAVINES DRIVE

POWELL OH

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VS

AHERN, JOHN

155 HIDDEN RAVINES DRIVE

POWELL OH

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

AS

LAGUSCH, JANE H.

115 HIDDEN RAVINES DRIVE

POWELL OH

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

P

KRIEDEL, DAVID L.

155 HIDDEN RAVINES DRIVE

POWELL OH 43065

☒ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

VTS

MCCORD, TIMOTHY

☒ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

DELETE

☒ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

VTS

LAGUSCH, JANE H.

155 HIDDEN RAVINES DRIVE

POWELL OH 43065

☒ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(b), 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:

Jane H. Lagusch V.P.

2/16/95

614/548-7080