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

PROFIT CORPORATION ANNUAL REPORT



Secretary of State DIVISION OF CORPORATIONS

P95000047914 (3)

FILED Apr 22 1998 8:00am Secretary of State

MEDCO	O SUPPLY, INC.					
Principal Plac	e of Businoss	Mailing Address			T I I I I I I I I I I I I I I I I I I I	#1834 18810 IBIBS 11811 BIBS 1881
6385 PRESID	ENTIAL CT	6385 PRESIDENTIAL CT				
106		106 FT MYERS FL 33919		DO NOT WRITE IN THIS SPACE		
FT MYERS FL 33919 US		US		3. Date Incorporated or Qualified		
		••			06/20/1995	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0589110	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & Stat	le	City & State			C. Clastica Comparing Cincoping	Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zφ	Coun	lry	8. This corporation owes or has paid the	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9, Name and Address of Curr	ent Registered Agent			10. Name and Address of New Register	ed Agent
	DODMAN, LANE		٤	Name		
	1 ASTARIAS CIRCLE		E	Street Add	dress (P.O. Box Number is Not Acceptable)	
FT MYERS FL 33919			ļ.	93		
			ľ	,3		
			Ε	B4 City	F	85 Zip Code
11. Pursuant office or i agent 1 a StGNATURE	registered agent, or txith, in the Sta am familiar with, and accept the obl	ite of Florida. Such change was ligations of, Section 607.0505, F	authorized forida Statu	by the corporates.	proration submits this statement for the purpositation's board of directors. I hereby accept the a	appointment as registered
12.	Signature, typed or printed minus of registined a	AND DIRECTORS	13.	Agent signature req	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	···
TITLE	PS	DELETE	1.1 1011	E T	TIEDITIONAJOTIANALO TO OTTIOLIST	Change Addition
NAME	GOODMAN, LANE		1.2 NAM	AE		
STREET ADDRESS	651 ASTARIAS CIRCLE		1.3 STR	EET ADORESS		
CITY - ST - ZIP	FT MYERS FL		1.4 CITY	Y-ST-ZIP		
TITLE	VPT	DELETE	2 1 TITE	£		Change Addition
NAME	GOODMAN, SOPHIE L		2.2 NAM	AE.		
STREET ADDRESS	651 ASTARIAS CIRCLE		2.3 S1R/	EET ADDRESS		
CITY-ST-ZIP	FT MYERS FL	DESCRIP		Y-\$1-ZIP		Change Addition
TITLE		☐ DELETE	3.1 TITE			☐ Change ☐ Addition
NAME STREET ADDRESS			3.2 NAM	EET ADDRESS		4
CITY-ST-ZIP				Y-ST-ZIP		
TOLE		DELETE	4.1 TITL			Change Addition
NAME			4. 2 NAM			
STREET ADDRESS				EFT ADDRESS		
CITY-ST-ZIP			4.4 CITY	r-ST-ZIP		
TITLE		DELETE	5.1 TITU	E		Change Addition
NAME			5 2 NAM	AE.		
STREET ADDRESS			5.3 STR	EFT ADDRESS		
CITY-SF-ZIP			5.4 CITY	r-\$1-ZIP		
TITLE		☐ DELETE	6.1 TITU			Change Addition
NAME			62 NAM	fE		
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP	i .		6.4 CITY	(-\$1-ZIP		

14. 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 supplied untal annual report is true and eccurate 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 trusted empowered to opecate this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an eddress.

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