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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P96000010556 (4)

D & W PHARMACY, INC.

Principal Place of Business Mailing Address

FILED Apr 30 1998 8:00am Secretary of State



4343 BUN 'N LAKE BOULEVARD SEBRING FL 33872		4343 SUN 'N LAKE BOULEVARD SEBRING FL 33872				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
						02/02/1996	
	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For	
21		26				65-0639225 Not Applicab	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State	e 	City & State				6. Efection Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip 24	Country 25	Ζιρ 29	Countr 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
	e. Name and Address of Curren	nt Registered Agent		B1	,	10. Name and Address of New Registered Agent	
RA	RALEY, L. STANCIL				Name		
402	25 WILSON AVENUE BRING FL 33782		Ī	82	Street Add	ddress (P.O. Box Number is Not Acceptable)	
36	PINTER I E OVIVE		ļī	83			
			ļ	84	City	FL 85 Zip Code	
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505	, Florida Statu	ites	S	ition's board of directors. I hereby accept the appointment as registered	
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	☐ DELETE	1.1 TITL	LE		Change Addition	
NAME	B assetti, Dennis R		1.2 NAM	ME			
STREET ADDRESS	6630 SPARTA RD		1.3 \$TR	EET.	ADDRESS		
CITY-ST-ZIP	SEBRING FL		1.4 CiT	Y - S1	T-ZIP		
TITLE	V	DELETE	2.1 TITL	l.E		☐ Change ☐ Addition	
NAME	KING, DEBRA L		2.2 NAA	ME			
STREET ADDRESS	1838 GROVE AVE		2.3 STREET A				
-CITY-ST-ZIP	SEBRING FL	DELETE	2.4 CIT		ST-ZIP	Change Addition	
TITLE		D DECER	3.1 TITLE 3.2 NAME			☐ Change ☐ Addition	
NAME STREET ADDRESS					ADDRESS		
CITY-ST-ZIP			3.4. CIT				
TITLE		☐ DELETE	4.1 Titl		11-215	Change Addition	
NAME			4. 2 NA				
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP			4.4 CIT				
TITLE		☐ DELETE	5.1 TITE			Change Addition	
NAME			5.2 NAM	ИE			
STREET ADDRESS			5.3 STR	EE1	ADDRESS		
CITY-ST-ZIP			5.4 CIT	Y-\$1	T-2IP	· · · · · · · · · · · · · · · · · · ·	
TITLE		DELETE	6.1 TITL	.E		Change Addition	
NAME			6.2 NAM	ИE	[
STREET ADDRESS			6.3 STR	EET.	ADDRESS		
CITY-ST-ZIP			6.4 CITY	Y-S1	7-219		

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 suppliemental 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 empewered 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.)