

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

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra J. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000032344**
1. Corporation Name
MAIN STREET PHARMACY, INC

Principal Place of Business Mailing Address
**101 SE 5 STREET NORTH
BELLE GLADE, FL 33430**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 4-1-97	
21 SAME AS ABOVE		26 SAME AS ABOVE		4. FEI Number 65-0747487	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		Applied For Not Applicable	
23 City & State		28 City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24 Zip		29 Zip		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Country		Country		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

ROBERT B. STORY
101 SE 5 STREET NORTH
BELLE GLADE, FL 33430

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **X Robert B. Story** **Robert B. Story** **4-29-98**
(Signature typed or printed name of registered agent and date of signature) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ROBERT B. STORY	1.2 NAME	
STREET ADDRESS	101 SE 5 STREET NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE, FL 33430	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	VIC FLEMMING	2.2 NAME	
STREET ADDRESS	654 SE 3 STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE, FL 33430	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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*****150.00**

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 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: **X Robert B. Story** **Robert B. Story** **4-29-98** **561-924-7701**
(Signature typed or printed name of signing officer or director) (Date) (Daytime Phone)

CR2E034 (10/97)