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FILED  
Apr 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000104890 (3)

1. Corporation Name  
BAILEY DRUGS, INC.

Principal Place of Business

14100 U.S. HWY ONE  
SEBASTIAN FL 32958

Mailing Address

14100 U.S. HWY ONE  
SEBASTIAN FL 32958

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/12/1997

4. FEI Number  
65-0818945

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30 ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

BAILEY, TIMOTHY  
14100 U.S. HWY ONE  
SEBASTIAN FL 32958

10. Name and Address of New Registered Agent

81 Name BAILEY TIMOTHY  
82 Street Address (P.O. Box Number is Not Acceptable)  
330 NW GRANADEER STREET  
83  
84 City PORT ST. LUCIE FL 85 Zip Code 34983

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



TIMOTHY A. BAILEY, PRESIDENT

4-17-98

12. OFFICERS AND DIRECTORS

TITLE D  
NAME BAILEY, TIMOTHY  
STREET ADDRESS 14100 U.S. HWY ONE  
CITY-ST-ZIP SEBASTIAN FL 32958

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 P/D  
1.2 NAME  
1.3 STREET ADDRESS 330 NW GRANADEER STREET  
1.4 CITY-ST-ZIP PORT ST. LUCIE FL 34983

2.1 TITLE  
2.2 NAME BAILEY, KATHY  
2.3 STREET ADDRESS 330 NW GRANADEER STREET  
2.4 CITY-ST-ZIP PORT ST. LUCIE FL 34983

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-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 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:  TIMOTHY A. BAILEY PRESIDENT 561-581-

CR2E034 (10/97)