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 # P97000106921 (4)

BUZZETT'S DRUG STORE, INC.

FILED Feb 09 1998 8:00am Secretary of State

BUZZETT S DRUG STORE, INC.				
Principal Plac	e of Business	Mailing Address		I septiabut und thaift senist marit marit daisot jitasi datisa prisa setud atalih sirahi jitat 1000
317 WILLIAMS AVENUE 317 WILLIAMS AVEN				
PORT ST. JO		PORT ST. JOE FL 32456		
İ				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 12/19/1997
	ace of Business	2a. Mailing Address	000	4. FEI Number Applied For
Suite, Apt.	# ato	26 F. O. B O	x 879	59-3484297 Not Applicable \$8.75 Additional
22	w, 0 10.	27		5. Certificate of Status Desired Fee Required
City & State	0	City & State		6. Election Campaign Financing \$5.00 May Be
23		28 PORT STO	JOE	Trust Fund Contribution Added to Fees
l Zip	Country	^{Zip} 2 (1577	Country USA	8. This corporation owes or has paid the current year Intangible
24	25	29 3245 / 3	0 0 377	Personal Property Tax due June 30. Yes No
		f Current Registered Agent	B1 Name	10. Name and Address of New Registered Agent
	BSON, THOMAS S	_	bi Name	
206 EAST FOURTH STREET			B2 Street A	Address (P.O. Box Number is Not Acceptable)
10	RT ST. JOE FL 32456		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 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				
	Signature, typed or printed name of re-		Registered Agent signature r	
TITLE	DPS	ERS AND DIRECTORS DELETE	13. 1.1 TOTLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PRES. ITEMS UNER Addition
NAME	B UZZETT, WILLIAM R		1.2 NAME	AUDZETT WILLIAM REX
STREET ADDRESS	101 20TH STREET	LA	1.3 STREET ADDRESS	BUZZETT WILLIAM REX
CITY-ST-ZIP	PORT ST. JOE FL 324	456	1.4 CITY - ST - ZIP	PORT ST. DE, FL 3245
TITLE	10111 011 000 100	DELETE	2.1 THILE	PORT ST. DE, FL 32457 VICE PRES. 1 SEC. Change PAddition
NAME			2.2 NAME	BUZZETT, NANCY A.
STREET ADDRESS			2.3 STREET ADDRESS	BUZZETT, NANCY A.
CITY-ST-ZIP			2.4 CITY-ST-ZIP	PORT ST. SDE, FL 32456
TITLE		DELETE	3 1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	\
CITY-ST-ZIP			3.4. CITY - \$1 - ZIP	
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	1
STREET ADDRESS		j	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		Theren	5.4 CITY-ST-ZIP	Ohanas T Addition
THILE		DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS		j	6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY - ST - ZIP	

14. Thereby 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 logal 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.

OLONIATURE.

Willia

Pari Bornott

1/3//98 /000)229-8221