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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # S16912
 1. Corporation Name
MONTICELLO DRUG COMPANY

Principal Place of Business: 1604 STOCKTON ST. JACKSONVILLE FL 32204
 Mailing Address: P.O. BOX 61749 JACKSONVILLE FL 32236



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/27/1990

4. FEI Number: 59-3039310 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 the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent: CONOLLY, ROBERT C. 1604 STOCKTON ST. JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent: 81 Name: William R. Roberts; 82 Street Address: 1604 Stockton Street; 83 City: Jacksonville, FL; 84 Zip Code: 32204

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: *William R. Roberts* William R. Roberts DATE: 2/8/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	DEAN, HENRY E III	1.1 TITLE: Treasurer	Willis W. Williams
STREET ADDRESS: 1604 STOCKTON STREET	JACKSONVILLE FL 32204	1.2 NAME: Willis W. Williams	1.3 STREET ADDRESS: 1604 Stockton Street
CITY-ST-ZIP: JACKSONVILLE FL 32204		1.4 CITY-ST-ZIP: Jacksonville, FL 32204	
TITLE: VD	DEAN, THOMAS D.S.	2.1 TITLE:	
STREET ADDRESS: 1604 STOCKTON ST	JACKSONVILLE FL 32204	2.2 NAME:	
CITY-ST-ZIP: JACKSONVILLE FL 32204		2.3 STREET ADDRESS:	
CITY-ST-ZIP: JACKSONVILLE FL 32204		2.4 CITY-ST-ZIP:	
TITLE: D	ROBERTS, WILLIAM K	3.1 TITLE:	
STREET ADDRESS: 711 NORTH OAK STREET	VALDOSTA GA 31601	3.2 NAME:	
CITY-ST-ZIP: VALDOSTA GA 31601		3.3 STREET ADDRESS:	
CITY-ST-ZIP: VALDOSTA GA 31601		3.4 CITY-ST-ZIP:	
TITLE: SD	OVERMAN, LJ	4.1 TITLE: Secretary - Director	William R.-Roberts
STREET ADDRESS: 1447 PEACHTREE ST. NE, STE 414	ATLANTA GA 30309	4.2 NAME: William R.-Roberts	4.3 STREET ADDRESS: 711 N. Oak St.
CITY-ST-ZIP: ATLANTA GA 30309		4.4 CITY-ST-ZIP: Valdosta, GA 31601	
TITLE: TD	CONOLLY, ROBERT C	5.1 TITLE:	
STREET ADDRESS: 1604 STOCKTON ST	JACKSONVILLE FL 32204	5.2 NAME:	
CITY-ST-ZIP: JACKSONVILLE FL 32204		5.3 STREET ADDRESS:	
CITY-ST-ZIP: JACKSONVILLE FL 32204		5.4 CITY-ST-ZIP:	
TITLE: D	CUMMINS, ELOISE	6.1 TITLE:	
STREET ADDRESS: 1604 STOCKTON ST	JACKSONVILLE FL 32204	6.2 NAME:	
CITY-ST-ZIP: JACKSONVILLE FL 32204		6.3 STREET ADDRESS:	
CITY-ST-ZIP: JACKSONVILLE FL 32204		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, with all other like empowered.

SIGNATURE: *Henry E. Dean, III* E. Dean, III DATE: 2/8/99 904-384-3666

CR2E034 (1/198)