S16912 **DOCUMENT #**

1. Entity Name

MONTICELLO DRUG COMPANY

Principal Flace of busines
1604 STOCKTON ST.
JACKSONVILLE FL 32207

Mailing Address

1604 STOCKTON ST. JACKSONVILLE FL 32207

2. Principal Place of Business	3. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.					
City & State	City & State					
Country	7in Country					

6. Name and Address of Current Registered Agent



ROBERTS; WILLIAM R 1604 STOCKTON ST.		er is Not Acceptable)	
ACKSONVILLE FL 32204		City	FL Zip Code
The above named entity submits this statement for the p	urpose of changing its registere		

After May 1, 2002 Fee will be \$550.00

FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

CR2E034 (9/01)

(See criter	ia on back)	□	Make Check Payable	to Department	of State	ridst i and Control	J. C. C.	- Added	10 1 003	
11.	OFFICERS AND DIRECTORS			12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEAN, HENRY E III 1604 STOCKTON STREET JACKSONVILLE FL 32204		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEAN, THOMAS D.S. 1604 STOCKTON ST JACKSONVILLE FL 32204		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			·*··	Change	☐ Addition	
	SD ROBERTS, WILLIAM R — 711 N. OAK ST. VALDOSTA GA 31601		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JACK.	STOCKTON STOCKTON SON BILLE,	AMR.	<u> 2204.</u>	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUMMINS, ELOISE 1604 STOCKTON ST JACKSONVILLE FL 32204		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1604	IINS. ELDIS STOCKTON ONVILLE,	ST.	Change 2204	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROBERTS, FRANK T 3309 US HIGHWAY 84 W VALDOSTA GA 31601		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOBE DALD	RTS, FRANI U.S. HIGHU STA, GA Z	L T.	区Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEAN, 1604 JALK	CLARENCE StockTON Son VILLE,	ASHBY St	☐ Change	ZAddition 2ユ04	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: