

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S16912

FILED  
Apr 13, 2012  
Secretary of State

Entity Name: MONTICELLO DRUG COMPANY

**Current Principal Place of Business:**

1604 STOCKTON ST.  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

1604 STOCKTON ST.  
JACKSONVILLE, FL 32204 US

**New Mailing Address:**

FEI Number: 59-3039310

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROBERTS, WILLIAM R  
4622 HOMESTEAD RD  
JACKSONVILLE, FL 32210 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PCD  
Name: DEAN, HENRY E III  
Address: 1604 STOCKTON STREET  
City-St-Zip: JACKSONVILLE, FL 32204

Title: EVD  
Name: DEAN, THOMAS S  
Address: 1604 STOCKTON ST  
City-St-Zip: JACKSONVILLE, FL 32204

Title: SD  
Name: ROBERTS, WILLIAM R  
Address: 4622 HOMESTEAD RD.  
City-St-Zip: JACKSONVILLE, FL 32210

Title: T  
Name: CORBIN, N B JR.  
Address: 1604 STOCKTON STREET  
City-St-Zip: JACKSONVILLE, FL 32204

Title: D  
Name: ROBERTS, FRANK T  
Address: 3309 U.S. HIGHWAY 84 WEST  
City-St-Zip: VALDOSTA, GA 31601

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM R. ROBERTS

SD

04/13/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date