FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR -4 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S85687

1. Corporation Name

MONTICELLO DRUG COMPANY

600001448646
-04/06/95--01013--001
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
1604 Stockton Street Jacksonville, Fl 32204	P. O. Box 61749 Jacksonville, Fl 32236

3. Date Incorporated or Qualified: 10/07/1991
3a. Date of Last Report: 04/19/94

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-3086887 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ASHBY, C.L.G. 1604 Stockton Street Jacksonville, Fl 32204	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	11 TITLE	☐ Change ☐ Addition
NAME	ASHBY, C.L.G. ✓	12 NAME	
STREET ADDRESS	1604 Stockton Street	13 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, Fl 32204	14 CITY-ST-ZIP	
TITLE	V/D	21 TITLE	☐ Change ☐ Addition
NAME	FORE, J. T. ✓	22 NAME	
STREET ADDRESS	1604 STOCKTON STREET	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32204	24 CITY-ST-ZIP	
TITLE	T/D	31 TITLE	☐ Change ☐ Addition
NAME	ROBERTS, I. ROWLAND	32 NAME	
STREET ADDRESS	1604 STOCKTON STREET	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32204	34 CITY-ST-ZIP	
TITLE	V/S/D	41 TITLE	☐ Change ☐ Addition
NAME	ROBERTS, WILLIAM V.	42 NAME	
STREET ADDRESS	1604 STOCKTON STREET	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32204	44 CITY-ST-ZIP	
TITLE	AS(T)	51 TITLE	☐ Change ☐ Addition
NAME	MILNE, DOUGLAS J.	52 NAME	
STREET ADDRESS	1604 STOCKTON STREET	53 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32204	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	CH

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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, added or deleted.

SIGNATURE: _____ 3/29/95 (904) 384-36666
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #
J. Tracey Fore, Vice President