FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

FILED
Apr 26 1996 8:00 am
Secretary of State

DOCUMENT # **S85687** **(9)**

1. Corporation Name
MONTICELLO DRUG COMPANY

Principal Place of Business
1604 STOCKTON STREET
JACKSONVILLE FL 32204

Mailing Address
1604 STOCKTON STREET
JACKSONVILLE FL 32204

3. Date Incorporated or Qualified: **10/07/1991**
3a. Date of Last Report: **04/04/1995**

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
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
ASHBY, C.L.G.
1604 STOCKTON STREET
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent
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

12. OFFICERS AND DIRECTORS

TITLE	VD	☐ DELETE
NAME	FORE, J. T	
STREET ADDRESS	1604 STOCKTON ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	☐ DELETE
NAME	ASHBY, C.L.G.	
STREET ADDRESS	1604 STOCKTON ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	☐ DELETE
NAME	ROBERTS, I. ROWLAND	
STREET ADDRESS	1604 STOCKTON ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	AS	☒ DELETE
NAME	MILNE, DOUGLAS J.	
STREET ADDRESS	1604 STOCKTON ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VST	☒ DELETE
NAME	ROBERTS, WILLIAM V.	
STREET ADDRESS	1604 STOCKTON ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SAT	☐ Change ☒ Addition
1.2 NAME	Williams, Willis W.	
1.3 STREET ADDRESS	1604 Stockton Street	
1.4 CITY-ST-ZIP	Jacksonville, FL 32204	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME	000001797350	
4.3 STREET ADDRESS	-04/29/96--01018--017	
4.4 CITY-ST-ZIP	***200.00	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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.

SIGNATURE: C.L.G. Ashby, Pres/Dir. — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4/22/96 — Date
904-384-3666 — Daytime Phone #

4-26-96