

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1991

4. FEI Number

59-3086887

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.



Yes

No

9. Name and Address of Current Registered Agent

CONOLLY, ROBERT C
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DEAN, HENRY E III
STREET ADDRESS 1604 STOCKTON ST
CITY-ST-ZIP JACKSONVILLE FL 32204

☐ DELETE

TITLE VD
NAME DEAN, THOMAS D.S.
STREET ADDRESS 1604 STOCKTON ST
CITY-ST-ZIP JACKSONVILLE FL 32204

☐ DELETE

TITLE ASAT
NAME ROBERTS, I. ROWLAND
STREET ADDRESS 1604 STOCKTON ST
CITY-ST-ZIP JACKSONVILLE FL

☒ DELETE

TITLE SD
NAME OVERMAN, L.J.
STREET ADDRESS 1447 PEACH STREET NE, STE 414
CITY-ST-ZIP ATLANTA GA 30309

☐ DELETE

TITLE TD
NAME CONOLLY, ROBERT C
STREET ADDRESS 1604 STOCKTON ST
CITY-ST-ZIP JACKSONVILLE FL 32204

☐ DELETE

TITLE D
NAME CUMMINS, ELOISE
STREET ADDRESS 1604 STOCKTON ST
CITY-ST-ZIP JACKSONVILLE FL 32204

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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

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.

CR2E034 (10/97)