

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

FILED

May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S85729** (9)

1. Corporation Name
ECKERD CORPORATION OF FLORIDA, INC.



Principal Place of Business % CORP TAX DEPT 8333 BRYAN DAIRY RD LARGO FL 34847 US	Mailing Address % CORP TAX DEPT 8333 BRYAN DAIRY RD LARGO FL 33777-1230 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 10/07/1991	3a. Date of Last Report 04/02/1996
4. FEI Number 59-3102662	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 SANTO, JAMES M. 8333 BRYAN DAIRY ROAD LARGO FL 34847	10. Name and Address of New Registered Agent 81 Name 82 Street 83 City 84 Zip Code HENDRICKS, LINDA 8333 BRYAN DAIRY RD. ATTN: RISK MANAGEMENT LARGO FL 33777
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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 Linda M. Hendricks 4/14/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD ☐ DELETE
NAME	NEWMAN, FRANK A
STREET ADDRESS	8333 BRYAN DAIRY RD
CITY-ST-ZIP	LARGO FL
TITLE	VCFO ☐ DELETE
NAME	WRIGHT, SAMUEL G.
STREET ADDRESS	8333 BRYAN DAIRY RD
CITY-ST-ZIP	LARGO FL
TITLE	DVS ☐ DELETE
NAME	SANTO, JAMES M.
STREET ADDRESS	8333 BRYAN DAIRY RD
CITY-ST-ZIP	LARGO FL
TITLE	VT ☐ DELETE
NAME	GLADYSZ, MARTIN W.
STREET ADDRESS	8333 BRYAN DAIRY RD
CITY-ST-ZIP	LARGO FL
TITLE	V ☐ DELETE
NAME	LEWIS, ROBERT E.
STREET ADDRESS	8333 BRYAN DAIRY RD
CITY-ST-ZIP	LARGO FL
TITLE	D ☒ DELETE
NAME	TURLEY, STEWART
STREET ADDRESS	8333 BRYAN DAIRY RD
CITY-ST-ZIP	LARGO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D/P/CEO ☒ Change ☐ Addition
1.2 NAME	Newman, Frank A.
1.3 STREET ADDRESS	8333 Bryan Dairy Rd
1.4 CITY-ST-ZIP	Largo FL
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	V/AS ☒ Change ☐ Addition
5.2 NAME	Lewis, Robert E.
5.3 STREET ADDRESS	8333 Bryan Dairy Rd
5.4 CITY-ST-ZIP	Largo FL
6.1 TITLE	AT ☐ Change ☒ Addition
6.2 NAME	MILAM, DENNIS J
6.3 STREET ADDRESS	8333 Bryan Dairy Rd
6.4 CITY-ST-ZIP	Largo, FL

14. I do 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 (9/96)