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FILED  
May 13 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 # S85729 (9)  
1. Corporation Name  
ECKERD CORPORATION OF FLORIDA, INC.



Principal Place of Business  
% CORP TAX DEPT  
8333 BRYAN DAIRY RD  
LARGO FL 34647  
US

Mailing Address  
% CORP TAX DEPT  
8333 BRYAN DAIRY RD  
LARGO FL 34647  
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified  
10/07/1991

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

HENDRICKS, LINDA  
8333 BRYAN DAIRY RD  
ATTN RISK MANAGEMENT  
LARGO FL 33777

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 DPCE ☐ 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 VAS ☐ DELETE  
NAME LEWIS, ROBERT E  
STREET ADDRESS 8333 BRYAN DAIRY RD  
CITY-ST-ZIP LARGO FL

TITLE AT ☐ DELETE  
NAME MILAM, DENNIS J  
STREET ADDRESS 8333 BRYAN DAIRY RD  
CITY-ST-ZIP LARGO FL

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.

SIGNATURE

*[Signature]*

*[Signature]*

4/27/98

(613) 395-6000

CR2E034 (10/97)