

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # S85729 1. Entity Name ECKERD CORPORATION OF FLORIDA, INC.	
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Principal Place of Business % CORP TAX DEPT 8333 BRYAN DAIRY RD LARGO, FL 33777 US	Mailing Address PO BOX 10001 DALLAS, TX 75301 US
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DO NOT WRITE IN THIS SPACE

04202004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3102662	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HARRIS, J.W 8333 BRYAN DAIRY RD LARGO, FL 337771230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS VAWRINEK, J J 6501 LEGACY DR PLANO, TX 75024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MILAM, DENNIS J 8333 BRYAN DAIRY RD LARGO, FL 337771230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS LEWIS, R E 8333 BRYAN DAIRY ROAD LARGO, FL 337771230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP CERRA, ENZO 8333 BRYAN DAIRY ROAD LARGO, FL 337771230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MILLER, DA 8333 BRYAN DAIRY RD LARGO, FL 33777

1000000148902
05/03/04-80165-003 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J.J. Vawrnek J.J. VAWRNEK 4/28/04 972-431-2121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #