

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S16912

Entity Name: MONTICELLO DRUG COMPANY

Current Principal Place of Business:

580 ELLIS RD. SOUTH
SUITE 118
JACKSONVILLE, FL 32254

Current Mailing Address:

1604 STOCKTON ST.
JACKSONVILLE, FL 32204 US

FEI Number: 59-3039310

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROBERTS, WILLIAM R
4622 HOMESTEAD RD
JACKSONVILLE, FL 32210 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PCD
Name DEAN, HENRY EIII
Address 580 ELLIS RD. SOUTH
SUITE 118
City-State-Zip: JACKSONVILLE FL 32254

Title EVD
Name DEAN, THOMAS S
Address 580 ELLIS RD. SOUTH
SUITE 118
City-State-Zip: JACKSONVILLE FL 32254

Title SD
Name ROBERTS, WILLIAM R
Address 4622 HOMESTEAD RD.
City-State-Zip: JACKSONVILLE FL 32210

Title TREASURER
Name CORBIN, N B JR.
Address 580 ELLIS RD. SOUTH
SUITE 118
City-State-Zip: JACKSONVILLE FL 32254

Title D
Name ROBERTS, FRANK T
Address 3309 U.S. HIGHWAY 84 WEST
City-State-Zip: VALDOSTA GA 31601

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM R. ROBERTS

SECRETARY

04/29/2014

Electronic Signature of Signing Officer/Director Detail

Date