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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # S85729 (9)

1. Corporation Name
ECKERD CORPORATION OF FLORIDA, INC.

Principal Place of Business Mailing Address
8333 BRYAN DAIRY ROAD LARGO FL 34647

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/07/1991** 3a. Date of Last Report **03/02/1994**

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

2. Principal Place of Business 2a. Mailing Address
21 **% CORP. TAX DEPT** 26 **% CORP. TAX DEPT.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **8333 BRYAN DAIRY RD** 27 **8333 BRYAN DAIRY RD**
City & State City & State
23 **LARGO, FL.** 28 **LARGO, FL.**
Zip Country Zip Country
24 **34647** 25 Country 29 **34647** 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

**SANTO, JAMES M.
8333 BRYAN DAIRY ROAD
LARGO FL 34647**

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 607.0509, 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	NEWMAN, FRANK A
STREET ADDRESS	8333 BRYAN DAIRY RD
CITY - ST - ZIP	LARGO FL
TITLE	VD
NAME	BOYLE, JOHN W.
STREET ADDRESS	7 NORTH PINE CIRCLE
CITY - ST - ZIP	BELLEAIR FL
TITLE	D
NAME	DOLUISIO, JAMES T.
STREET ADDRESS	4840 TWIN VALLEY DRIVE
CITY - ST - ZIP	AUSTIN TX
TITLE	D
NAME	DUNN, DONALD F.
STREET ADDRESS	1665 LONG BOW LANE
CITY - ST - ZIP	CLEARWATER FL
TITLE	D
NAME	FITZGIBBONS, ALBERT J.
STREET ADDRESS	1020 PARK AVENUE
CITY - ST - ZIP	NEW YORK NY
TITLE	D
NAME	LEHR, LEWIS L.
STREET ADDRESS	3135 SANDY HOOK DRIVE
CITY - ST - ZIP	ST. PAUL MN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	VPLCFO Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SAMUEL G. WRIGHT
2.3 STREET ADDRESS	1250 GULF BLVD APT 504
2.4 CITY - ST - ZIP	CLEARWATER, FL 34630
3.1 TITLE	SVPS D Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JAMES M. SANTO
3.3 STREET ADDRESS	5113 S. NICHOL ST.
3.4 CITY - ST - ZIP	TAMPA, FL 33611
4.1 TITLE	VPT Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MARTIN W. GLADYSZ
4.3 STREET ADDRESS	115 PHILIPS WAY
4.4 CITY - ST - ZIP	PALM HARBOR, FL 34683
5.1 TITLE	VPS Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ROBERT E. LEWIS
5.3 STREET ADDRESS	1114 SHIPWATCH CIRCLE
5.4 CITY - ST - ZIP	TAMPA, FL 33602
6.1 TITLE	D Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	STEWART TURLEY
6.3 STREET ADDRESS	8333 BRYAN DAIRY RD
6.4 CITY - ST - ZIP	LARGO, FL 34647

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 197, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL D. MEISTER

3/13/95 819/397-6337