

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S85729** (9)

1. Corporation Name

ECKERD CORPORATION OF FLORIDA, INC.



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified
10/07/1991

3a. Date of Last Report
03/22/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

10. Name and Address of New 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	NEWMAN, FRANK A	
STREET ADDRESS	8333 BRYAN DAIRY RD	
CITY - ST - ZIP	LARGO FL	
TITLE	VPCF	<input type="checkbox"/> DELETE
NAME	WRIGHT, SAMUEL G.	
STREET ADDRESS	1250 GULF BLVD #504	
CITY - ST - ZIP	BELLEAIR FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DOLUISIO, JAMES T.	
STREET ADDRESS	4840 TWIN VALLEY DRIVE	
CITY - ST - ZIP	AUSTIN TX	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DUNN, DONALD F.	
STREET ADDRESS	1665 LONG BOW LANE	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FITZGIBBONS, ALBERT J.	
STREET ADDRESS	1020 PARK AVENUE	
CITY - ST - ZIP	NEW YORK NY	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEHR, LEWIS L.	
STREET ADDRESS	3135 SANDY HOOK DRIVE	
CITY - ST - ZIP	ST. PAUL MN	

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	VICFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Wright, Samuel G.	
2.3 STREET ADDRESS	8333 Bryan Dairy Rd	
2.4 CITY - ST - ZIP	Largo, FL	
3.1 TITLE	D/MS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JAMES M. SANTO	
3.3 STREET ADDRESS	8333 BRYAN DAIRY RD.	
3.4 CITY - ST - ZIP	LARGO, FL	
4.1 TITLE	VIT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MARTIN W. GLADYSZ	
4.3 STREET ADDRESS	8333 BRYAN DAIRY RD	
4.4 CITY - ST - ZIP	LARGO, FL	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ROBERT E. LEWIS	
5.3 STREET ADDRESS	8333 BRYAN DAIRY RD.	
5.4 CITY - ST - ZIP	LARGO, FL	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SILWART TURLEY	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Samuel G. Wright*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96
813/399-7217

CR2E034 (12/95)