

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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
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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 DAIRYRD LARGO FL 34647 US
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

3. Date incorporated or Qualified 10/07/1991	
4. FEI Number 59-3102662	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DPCE <input type="checkbox"/> DELETE
NAME	NEWMAN, FRANK A
STREET ADDRESS	8333 BRYAN DAIRY RD
CITY-ST-ZIP	LARGO FL
TITLE	VCFO <input type="checkbox"/> DELETE
NAME	WRIGHT, SAMUEL G.
STREET ADDRESS	8333 BRYAN DAIRY RD
CITY-ST-ZIP	LARGO FL
TITLE	DVS <input type="checkbox"/> DELETE
NAME	SANTO, JAMES M.
STREET ADDRESS	8333 BRYAN DAIRY RD
CITY-ST-ZIP	LARGO FL
TITLE	VT <input type="checkbox"/> DELETE
NAME	GLADYSZ, MARTIN W.
STREET ADDRESS	8333 BRYAN DAIRY RD
CITY-ST-ZIP	LARGO FL
TITLE	VAS <input type="checkbox"/> DELETE
NAME	LEWIS, ROBERT E
STREET ADDRESS	8333 BRYAN DAIRY RD
CITY-ST-ZIP	LARGO FL
TITLE	AT <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	DVCFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 *[Handwritten Signature]* *[Handwritten Name]* *[Handwritten Date]* *[Handwritten Phone Number]*

CR2E034 (10/97)