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May 08, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S85729

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 DAIRY RD LARGO FL 34647 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 <i>P.O. Box 10001</i> 27 Suite, Apt. #, etc. 28 <i>DALLAS TX</i> 29 <i>75301-1205</i> 30 <i>US</i>
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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 the current year Intangible Personal Property Tax. <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	85 Zip Code
			FL	

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	DVCF	<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	<i>Director</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<i>Director</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" 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, with all other like empowered.

SIGNATURE: *Dennis J. Milam* **DENNIS J. MILAM** *April 28, 1999* **APR 28 1999** *(727) 395-6000* **(727) 395-6000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)