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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J44168

FILED Jan 21, 1999 8:00am Secretary of State

01-21-1999 90006 024 ***150.00

NATUR/	ALLY DIVINE, INC.						
Principal Plac	ce of Business	Mailing Address				011 8 1011 01011 01811 1	1814 81811 1 38 1
1660 N MONROE ST #3 1660 N MONROE ST #3 TALLAHASSEE FL 32303 US US				•	. DO NOT WRITE IN TI	HIS SPACE	
					3. Date Incorporated or Qualifed	**	
					11/25/1986		
2. Principal F	Place of Business	2a. Mailing Address	-		4. FEI Number	Apı	olied For
21 26					59-2726841		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State City &		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Žip	Country	Zip		ountry	This corporation owes the current year Personal Property Tax.	Intangible	□No
24	9. Name and Address of Curr	29 Agent	30	<u>-1</u>	10. Name and Address of New Register		
	5. Haille and Address of Cult	ent registered Agent	····	81 Name	10. Natific and Address of Now Register	ou rigoni	1
DIVINE, LOUISE 1706 HALL DRIVE				82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
	LAHASSEE FL 32303	•		83	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
				84 City		85 Zip C	ode
agent. I a	Signature, typed or printed name of registered a			ed Agent signature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	DP	DELETI		TITLE	7,001101101017111000 10 011100110	☐ Change	Addition
NAME	DIVINE, LOUISE			NAME			
STREET ADDRESS	ATOM LIALL DD			STREET ADORESS			
CITY-ST-ZIP	TALLAHASSEE FL		1	CITY-ST-ZIP			
TITLE	D	☐ DELET		TITLE		☐ Change	Addition
NAME	HOLLEY, HERMAN			NAME			
STREET ADDRESS	4700 HALL DOUG		2.3 9	STREET ADDRESS	•		
CITY-ST-ZIP	TALLAHASSEE FL			CITY-ST-ZIP		•	
TITLE		☐ DELETI		TITLE		☐ Change	Addition
NAME			3.21	NAME			
STREET ADDRESS	5		3.3 \$	STREET ADDRESS			
CITY-ST-ZIP			3.4.	CITY-ST-ZIP			
TITLE		☐ DELETI	Ē 4.1 ī	TITLE	· ·	☐ Change	
NAME			4. 2	NAME			•
STREET ADDRESS	3		4.3 9	STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ DELETI	5.11				
NAME	* .	□ OCCE!!		TITLE		☐ Change	☐ Addition
STREET ADDRESS		_ beten		NAME		☐ Change	☐ Addition
CITY-ST-ZIP	S .	C) persu	5.3 \$	NAME STREET ADDRESS		☐ Change	☐ Addition
	5		5.3 S 5.4 C	NAME STREET ADDRESS CITY-ST-ZIP		•	
TITLE		☐ DELETI	5.3 S 5.4 C E 6.1 T	NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE NAME			5.3 S 5.4 C E 6.1 T 6.2 M	NAME STREET ADDRESS CITY-ST-ZIP ITTLE		•	
			5.3 S 5.4 C E 6.1 T 6.2 N 6.3 S	NAME STREET ADDRESS 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 analysis 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-98

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