

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

FILED

**May 06 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 # P93000058202 (1)
 1. Corporation Name
HERBAL SOLUTIONS, INC.



Principal Place of Business 1231 FOGGY RIDGE PKWY LUTZ FL 33549 US	Mailing Address 1231 FOGGY RIDGE PKWY LUTZ FL 33549 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1231 FOGGY RIDGE PKWY Suite, Apt. #, etc.	2a. Mailing Address 26 1231 FOGGY RIDGE PKWY Suite, Apt. #, etc.
22 City & State 23 LUTZ	27 City & State
24 Zip 33549	25 Country PASCO
29 Zip	30 Country

3. Date Incorporated or Qualified 08/16/1993	
4. FEI Number 59-3197263	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
**WEBSTER, DAVID R
701 N. FRANKLIN ST.
TAMPA FL 33602**

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and fee, if applicable. (INDICATE Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHANNON, WILLIAM G	12 NAME	
STREET ADDRESS	5020 OLD MOCKSVILLE RD. 1255 JULIUS DR	13 STREET ADDRESS	
CITY-ST-ZIP	SALISBURY NC-28144 28147	14 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAULDIN, ROBERT M	22 NAME	
STREET ADDRESS	385 WINTERLOCKEN RD.	23 STREET ADDRESS	
CITY-ST-ZIP	SALISBURY NC 28144	24 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGLOFF, WILLIAM	32 NAME	
STREET ADDRESS	45 SAMOSET AVE., RFD #1	33 STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH MA 02380	34 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPMAN, LAWRENCE P	42 NAME	
STREET ADDRESS	1231 FOGGY RIDGE PKWY	43 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33549	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: *Laurence P Chapman* **LAWRENCE P CHAPMAN 4-27-98 8139480197**

CR2E034 (10/97)