

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

**FILED**

**May 06 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000058202 (1)**  
 1. Corporation Name  
**HERBAL SOLUTIONS, INC.**



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

<b>21</b> 2. Principal Place of Business <b>1231 FOGGY RIDGE PKWY</b>	<b>26</b> 2a. Mailing Address <b>1231 FOGGY RIDGE PKWY</b>
<b>22</b> Suite, Apt. #, etc.	<b>27</b> Suite, Apt. #, etc.
<b>23</b> City & State <b>LUTZ</b>	<b>28</b> City & State
<b>24</b> Zip <b>33549</b>	<b>29</b> Country <b>PASCO</b>
<b>25</b> Country	<b>30</b> Country

<b>3.</b> Date Incorporated or Qualified <b>08/16/1993</b>	
<b>4.</b> FEI Number <b>59-3197263</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> 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**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHANNON, WILLIAM G</b>	1.2 NAME	
STREET ADDRESS	<b>5020 OLD MOCKSVILLE RD. 1255 JULIUS DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SALISBURY NC-28144 28147</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAULDIN, ROBERT M</b>	2.2 NAME	
STREET ADDRESS	<b>385 WINTERLOCKEN RD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SALISBURY NC 28144</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EGLOFF, WILLIAM</b>	3.2 NAME	
STREET ADDRESS	<b>45 SAMOSET AVE., RFD #1</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLYMOUTH MA 02380</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHAPMAN, LAWRENCE P</b>	4.2 NAME	
STREET ADDRESS	<b>1231 FOGGY RIDGE PKWY</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LUTZ FL 33549</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Laurence P Chapman* **LAWRENCE P CHAPMAN 4-27-98 8139480197**

CR2E034 (10/97)