

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1998.
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL 19 AM 10:10

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P93000058293 (0)

1. Corporation Name

NATURAL ADVANTAGE, INC.

Principal Place of Business

4515 LAVALLET LANE
 PENSACOLA FL 32504

Mailing Address

4515 LAVALLET LANE
 PENSACOLA FL 32504

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/16/1993

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21 316 S. BAYLEN
 Suite, Apt. #, etc.

2a. Mailing Address

26 316 S. BAYLEN
 Suite, Apt. #, etc.

4. FEI Number

59-3198492

Applied For

Not Applicable

22 City & State

SUITE 270
 PENSACOLA, FL

27 City & State

SUITE 270
 PENSACOLA, FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

24 Zip

32501

25 Country

USA

29 Zip

32501

30 Country

USA

9. Name and Address of Current Registered Agent

PATTESON, CATHY
 4515 LAVALLET LANE
 PENSACOLA FL 32504

10. Name and Address of New Registered Agent

81 Name ROBERT A. FINDLEY, II
 82 Street Address (P.O. Box Number is Not Acceptable) 61 LAURIE DRIVE
 83
 84 City FT. WALTON BEACH FL 85 Zip Code 32548

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

[Signature]

ROBERT A. FINDLEY II

6-26-95

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	KING, LEISA K
STREET ADDRESS	4515 LAVALLET LN
CITY - ST - ZIP	PENSACOLA FL
TITLE	RA
NAME	PATTESON, CATHY R
STREET ADDRESS	4515 LAVALLET LN
CITY - ST - ZIP	PENSACOLA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CATHY R. PATTESON	
1.3 STREET ADDRESS	5412 DYNASTY DRIVE	
1.4 CITY - ST - ZIP	PENSACOLA, FL 32504	
2.1 TITLE	VP - RA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROBERT A. FINDLEY, II	
2.3 STREET ADDRESS	61 LAURIE DRIVE	
2.4 CITY - ST - ZIP	FT. WALTON BEACH, FL 32548	
3.1 TITLE	SEC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BEVERLY WHEELER	
3.3 STREET ADDRESS	305 SMITH CIRCLE	
3.4 CITY - ST - ZIP	GULF BREEZE, FL 32561	
4.1 TITLE	TRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LEISA K. KING	
4.3 STREET ADDRESS	5412 DYNASTY DRIVE	
4.4 CITY - ST - ZIP	PENSACOLA, FL 32504	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

[Signature] CATHY RAE PATTESON

6-26-95

(904) 438-0658

Signature and typed or printed name of signing officer or director

Date

Telephone #

CR2E034 (3/95)