PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000091852

1. Corporation Name

NATURE	'S RESOURCE, INC.						. 		
Principal Plac	e of Business	Mailing Address						.B(#1 14884 1818) 1	B ILL O 1181 1881
12585 SPRINGHILL DR 13311 DON LOOP SPRING HILL FL 34609 SPRING HILL FL 34609 US						DO NOT WEITE	IN TUIC	CDACE	
						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
						12/04/1995			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Apr	lied For
21		26				59-3347135		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired -		\$8.75 A	
22		27	· · · · · · · · · · · · · · · · · · ·			G. Control of Citatis Decired		Fee Rec	quired
City & Stat	e	City & State				6. Election Campaign Financing		\$5.00	, = -
23	· ————————————————————————————————————	28				Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Cou	ntry	1	8. This corporation owes the current	t year Inta		~ /.
24	25	29	30	_		Personal Property Tax.			II)No
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Reg	istered /	Agent	
RAII	ING, JACQUELINE			["]	Name		•		
13311 DON LOOP				82	Street Add	dress (P.O. Box Number is Not Acceptable)		
SPRING HILL FL 34609						<u> </u>			
Sitt	ING THEE I E STOUS			83	l				į
				84	City	ty FI 85 Zip Code			
44 Burningst	to the provisions of Sections 607 0503	and 607 1509 Florida St	tatutae the e		nomed cor	possition submits this statement for the nu		changing its I	registered
office or r agent. I a	egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change wa ions of, Section 607.0505,	as authorized , Florida Stati	by tes.	the corporat	poration submits this statement for the pution's board of directors. I hereby accept t	ne appoir	itment as reg	istered
SIGNATURE									
	Signature, typed or printed name of registered agent			Agen	nt signature requir	red when reinstating)	OATE	D DIDECTOI	DC 11/40
12.	OFFICERS ANI	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AN	☐ Change	Addition
TITLE	RAILING, CHRISTOPHER	C Occess			Ì			□ Orrange	(
NAME	13311 DON LOOP		1.2 N/						ļ
STREET ADDRESS			1		ADDRESS				ſ
CITY-ST-ZIP	SPRING HILL FL 34609	□ pc: EX	1,4 CI		T- ZIP			Change	□ Addision
πη.Ε	D DAILING IACOUELINE	☐ DELETE	1					☐ Change	☐ Addition
NAME	RAILING, JACQUELINE		2.2 N/						}
STREET ADDRESS	13311 DON LOOP		J		ADDRESS				
CITY-ST-ZIP	SPRING HILL FL 34609		2.4 C		T-ZIP	<u> </u>		- Chart	- - - -
TITLE		☐ DELĒTE						Change	Addition
NAME			3.2 N/		ł				ì
STREET ADDRESS			3.3 \$1	REET	ADDRESS				
CITY-ST-ZIP	<u> </u>		3.4. C		T-ZIP				
TITUE		☐ DELETE			{			☐ Change	Addition
NAME			4. 2 N	ME					
STREET ADDRESS			4.3 ST	REET	ADDRESS				
CITY-ST-ZIP			4.4 CI	TY-ST	T-ZIP]
TITLE		☐ DELETE				•		☐ Change	☐ Addition
NAME	· ·		5.2 NA	ME	ļ				(

14. I hereby certify that the information supplied with this filling 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY ST-ZIP

CITY-ST-ZIP

TITLE

NAME

DELETE

352 666 1005

Change

☐ Addition

Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90005 007 ***150.00