

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000004496

Entity Name: ARK NATURALS COMPANY**Current Principal Place of Business:**609 E. JACKSON ST.
SUITE 100
TAMPA, FL 33602**Current Mailing Address:**609 E. JACKSON ST.
SUITE 100
TAMPA, FL 33602 US**FEI Number:** 82-2944548**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PARACORP INCORPORATED
155 OFFICE PLAZA DR, 1ST FLOOR
TALLAHASSEE, FL 32301 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title CHAIRMAN
Name COLE, MARSHALL H III
Address 55 BEATTIE PL
SUITE 1500
City-State-Zip: GREENVILLE SC 29601Title DIRECTOR
Name WALLACE, BEN C
Address 55 BEATTIE PL
SUITE 1500
City-State-Zip: GREENVILLE SC 29601Title PRESIDENT/CEO
Name STOECKLE, MICHAEL
Address 609 E. JACKSON ST.
SUITE 100
City-State-Zip: TAMPA FL 33602Title DIRECTOR
Name WREN, BILLY
Address 3445 PEACHTREE ROAD NE
SUITE 175
City-State-Zip: ATLANTA FL 30326Title DIRECTOR
Name HIGDON, MICHELLE
Address 133 RICHARD RD
City-State-Zip: CENTRAL SC 29630Title DIRECTOR
Name WEISS, JAY
Address 180 7TH AVE S
City-State-Zip: NAPLES FL 34102Title CFO
Name SHALKOP, RICHARD
Address 609 E. JACKSON ST.
SUITE 100
City-State-Zip: TAMPA FL 33602

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD SHALKOP

CFO

02/07/2022

Electronic Signature of Signing Officer/Director Detail_____
Date