

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # 810534
Corporation Name
NATIONAL TEA CO

FILED
Sep 13, 1999 8:00 am
Secretary of State

09-13-1999 90003 030 ***550.00

Principal Place of Business
14 EARTH CITY EXPRESSWAY, STE 242
EARTH CITY MO 63045

Mailing Address
PO BOX 7123
ST. LOUIS MO 63177

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/17/1955

Principal Place of Business
P.O. BOX 3380

2a. Mailing Address
26 22 ST. CLAIR AVE. E.

4. FEI Number
36-1526240

Applied For
Not Applicable

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.
1500

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

City & State
BALLWIN, MO

28 City & State
TORONTO, ONTARIO

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

Zip Country
6302-3390 25 USA

29 Zip Country
M4T 2S8 30 CANADA

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

E	PD	<input checked="" type="checkbox"/> DELETE
E	SEITZ, HAROLD	
STREET ADDRESS	514 EARTH CITY EXPRESSWAY, #242	
ST-ZIP	EARTH CITY MO	
E	D	<input type="checkbox"/> DELETE
E	MEERSMAN, JOHN F	
STREET ADDRESS	514 EARTH CITY EXPRESSWAY, #242	
ST-ZIP	EARTH CITY MO	
E	S	<input checked="" type="checkbox"/> DELETE
E	OEHLER, JUDY	
STREET ADDRESS	514 EARTH CITY EXPRESSWAY #242	
ST-ZIP	EARTH CITY MO 63045	
E	V	<input type="checkbox"/> DELETE
E	AOYAGI, DENNIS	
STREET ADDRESS	514 EARTH CITY EXPRESSWAY, #242	
ST-ZIP	EARTH CITY MO	
E		<input type="checkbox"/> DELETE
E		
STREET ADDRESS		
ST-ZIP		
E		<input type="checkbox"/> DELETE
E		
STREET ADDRESS		
ST-ZIP		

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	REID, DONALD G.	
1.3 STREET ADDRESS	22 ST. CLAIR AVE. E., SUITE 2001	
1.4 CITY-ST-ZIP	TORONTO ON M4T 2S7	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MEERSMAN, JOHN F.	
2.3 STREET ADDRESS	740 SUMMERWOOD LANE S.W.	
2.4 CITY-ST-ZIP	VERO BEACH, FL 32962	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LEE, RICHARD M.	
3.3 STREET ADDRESS	2821 EMERYWOOD PARKWAY, SUITE 210	
3.4 CITY-ST-ZIP	RICHMOND, VA 23294	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MAVRINAC, RICHARD P.	
4.3 STREET ADDRESS	22 ST. CLAIR AVE. E., SUITE 1500	
4.4 CITY-ST-ZIP	TORONTO ON M4T 2S8	
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		

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:

DG Reid

DONALD G. RIED

SEPT. 8/99

(416) 922-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)