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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90014 008 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # H81248

1. Corporation Name
NATUREWORKS, INC.



Principal Place of Business
461 N. HARBOR CITY BLVD.
MELBOURNE FL 32935

Mailing Address
190 MAIN STREET
DANIELSON CT 06239
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1985

4. FEI Number

59-2589443

Applied For

Not Applicable

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 1135 W. NEW HAVEN AVE

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 W. Melbourne, FL

28

24 Zip 32904 Country

29 Zip Country

25

30

9. Name and Address of Current Registered Agent

AICHELE, LARRY
2020 ADIRONDACK CIR
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name William Britner

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

2160 Acadia Street NE

83

84 City Palm Bay

FL

85 Zip Code 32905

11. Pursuant to the provisions of Sections 607.0507 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

2-27-99

12. OFFICERS AND DIRECTORS

TITLE DC ☐ DELETE

NAME CLOUTIER, NORMAN

STREET ADDRESS 260 LAKE RD

CITY-ST-ZIP DAYVILLE CT

TITLE VTSD ☒ DELETE

NAME TOWNSEND, STEVEN

STREET ADDRESS 1016 S RIVERSIDE DR

CITY-ST-ZIP NEW SMYRNA BCH FL

TITLE PD ☐ DELETE

NAME ATWOOD, DANIEL

STREET ADDRESS 260 LAKE RD

CITY-ST-ZIP DAYVILLE CT

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE VTS ☒ Change ☐ Addition

2.2 NAME Robert Cirulnick

2.3 STREET ADDRESS 260 LAKE ROAD

2.4 CITY-ST-ZIP DAYVILLE, CT 06241

3.1 TITLE PD ☒ Change ☐ Addition

3.2 NAME Daniel Atwood

3.3 STREET ADDRESS 190 MAIN STREET

3.4 CITY-ST-ZIP DANIELSON, CT 06239

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-99

Date

860-779-6532

Daytime Phone #

CR2E034 (11/98)