SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K00744

VAL'S NATURALS, INC.

1997

Mailing Address

FILED Aug 29 1997 8:00am Secretary of State



Principal Place of Business C/O VALERIE HATCHER C/O VALERIE HATCHER 4905 N. GALLOWAY RD./P.O. BOX 832 4905 N. GALLOWAY RD./P.O. BOX 832 KATHLEEN FL 33849 KATHLEEN FL 33849 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 11/03/1987 04/19/1996 4. FEI Number 2. Principal Place of Business Mailing Address Applied For 65-0019552 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 27 City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country This corporation owes or has paid the current year Intangible POK Yes 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HATCHER, VALERIE Name 4905 N. GALLOWAY RD. Street Address LAKELAND FL 33809 City 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 will, and accept the obligations of, Section 607.0505, Florida Statutes. as (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE HATCHER, VALERIE Valerie Douglas 3435 Pinedale Or NAME 1.2 NAME 4905 N. GALLOWAY RD. STREET ADDRESS 1.3 STREET ADDRESS LAKELAND FL akeland FU 33811 CITY-ST-ZIP 1.4 CITY - ST - ZIP ٧D DELETE 21 TITLE Change Addition HUFFMAN, MARLIN NAME 2.2 NAME LOOP RD, PO BOX 128 N/A STREET ADDRESS 2.3 STREET ADDRESS **FELDA FL** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE HUFFMAN, EVA NAME 3.2 NAME **LOOP RD, PO BOX 128 N/A** STREET ADDRESS 3.3 STREET ADDRESS FELDA FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change ■ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHTY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP 14. I do 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.