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FILED

Jan 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L35222

(3)

1. Corporation Name  
NATURE'S TREASURES, INC.

Principal Place of Business

78 LEXINGTON DRIVE  
DUNEDIN FL 34698

Mailing Address

78 LEXINGTON DRIVE  
DUNEDIN FL 34698-8213

3. Date Incorporated or Qualified  
12/11/1989

3a. Date of Last Report  
01/23/1996

2. Principal Place of Business

21 2260 TONIWOOD LN.  
Suite, Apt. #, etc.

2a. Mailing Address

26 2260 TONIWOOD LN  
Suite, Apt. #, etc.

4. FEI Number

59-2979453

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

22 City & State

23 PALM HARBOR, FL

24 Zip

34685

Country

25 PINELLAS

27 City & State

28 PALM HARBOR, FL

29 Zip

34685

Country

30 PINELLAS

9. Name and Address of Current Registered Agent

WAGNER, BONNIE L.  
7190 SEMINOLE BLVD.  
SEMINOLE FL 34642

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code  
33772

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 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

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME WAGNER, DOUGLAS A  
STREET ADDRESS 78 LEXINGTON DRIVE  
CITY-ST-ZIP DUNEDIN FL

TITLE VSD ☐ DELETE

NAME WAGNER, BONNIE L  
STREET ADDRESS 78 LEXINGTON DRIVE  
CITY-ST-ZIP DUNEDIN FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 PTD ☒ Change ☐ Addition

1.2 NAME WAGNER, DOUGLAS A  
1.3 STREET ADDRESS 2260 TONIWOOD LN.  
1.4 CITY-ST-ZIP PALM HARBOR, FL 34685

2.1 TITLE VSD ☒ Change ☐ Addition

2.2 NAME WAGNER, BONNIE L  
2.3 STREET ADDRESS 2260 TONIWOOD LN.  
2.4 CITY-ST-ZIP PALM HARBOR, FL 34685

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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.

SIGNATURE:

Bonnie L Wagner  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/97 813-391-9756  
Date Daytime Phone

CR2E034 (9/96)