FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

**PROFIT
CORPORATION
ANNUAL REPORT
1997**

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

FILED
Apr 22 1997 8:00am
Secretary of State

DOCUMENT # L42533   (4)

1. Corporation Name

PAT'S NATURALLY, INC.

Principal Place of Business

11085 SPRING HHILL DR.
11079 SPRING HILL DR., UNIT 9
SPRING HILL FL 34608
US

Mailing Address

11085 SPRING HILL DR.
11079 SPRING HILL DR., UNIT 9
SPRING HILL FL 34608-5000
US

3. Date Incorporated or Qualified	3a. Date of Last Report
01/16/1990	05/01/1996

4. FEI Number	
59-2988494	Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 *11085 SPRING HILL DR*	26 *11085 SPRING HILL DR*
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 *SPRING HILL FL*	City & State 28 *SPRING HILL FL*
Zip 24 *34608*	Country 25 *US*	Zip 29 *34608*	Country 30 *US*

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

9. Name and Address of Current Registered Agent

HELLER, RAYMOND R.
11082 SPRING HILL DR.
UNIT 9, MARINER TOWNE SQ.
SPRING HILL FL 34608

10. Name and Address of New Registered Agent

81	Name *HELLER RAYMOND R.*
82	Street Address (P.O. Box Number is Not Acceptable) *11085 SPRING HILL DR.*
83	
84	City *SPRING HILL* FL 85 Zip Code *34608*

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 *Raymond R. Heller*   4-14-97

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME HELLER, RAYMOND R.		1.2 NAME		
STREET ADDRESS 11085 SPRING HILL DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP SPRING HILL, *FL 34608*		1.4 CITY-ST-ZIP		
TITLE	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: *Raymond R. Heller* SIGNATURE REQUIRED   4-14-97   352-688-9119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #