FILED

03-10-1999 90101 027 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M772 1. Corporation Name PURE HERBS J.B., INC.	00				
Principal Place of Business % JACQUELINE B. BLOUIN 1948 ROOSEVELT ST	Mailing Address % JACQUELINE B. BLOUIN 1948 ROOSEVELT ST				
HOLLYWOOD BEACH FL 33020	HOLLYWOOD BEACH FL 33020			DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed 04/20/1988	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21	26			65-0042957	Not Applicabl
Suite, Apt. #, etc.	Suite, Apt. #, etc.		-	5: Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 25	Zip C. 29 30	ountry		This corporation owes the current year Intar Personal Property Tax.	igible ⊒Yes X No
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
		81	Name		
BLOUIN, JACQUELINE B. 1948 ROOSEVELT ST		82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
HOLLYWOOD BEACH FL 33020		83			
		84	City	FL	85 Zip Code

r the purpose of changing its registered 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: R	egistered Agent signature re	a required when reinstating) DATE
12.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELETE	1.1 TITLE	Change Addition
NAME	BLOUIN, JACQUELINE B.	1 2 NAME	
STREET ADDRESS	1948 ROOSEVELT ST	1.3 STREET ADDRESS	s ·
CITY-ST-ZIP	HOLLYWOOD BEACH FL	1.4 CITY-ST-ZIP	
TITLE	DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	s
CITY-ST-ZIP		2. 4 CITY-ST-ZIP	<u> </u>
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	s
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	s
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAMÉ	
STREET ADDRESS		5.3 STREET ADDRESS	s
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	s
C/TY-ST-ZIP		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: