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FILED
Mar 02, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

DOCUMENT # N97000001637

1. Corporation Name

NATURE 10-13 INC.

Principal Place of Business	Mailing Address
9396 MERRIWEATHER DRIVE BROOKSVILLE FL 34613	9396 MERRIWEATHER DRIVE BROOKSVILLE FL 34613

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 3211 CORONET CT	26 18507 ALEXSON ST	03/18/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3435785 ☐ Applied For ☐ Not Applicable
City & State 23 SPRING HILL	City & State 28 SPRING HILL	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 34609 25 HERNANDO	Zip / Country 29 34610 30 PASCO	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SMITH, PHILIP
9396 MERRIWEATHER DRIVE
BROOKSVILLE FL 34613

10. Name and Address of New Registered Agent

81 Name JAMES KREPPEIN
82 Street Address (P.O. Box Number is Not Acceptable) 3211 CORONET Ct.
83
84 City SPRING HILL FL 85 Zip Code 34609

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, PHILIP 9396 MERRIWEATHER DRIVE BROOKSVILLE FL 34613	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DP JAMES KREPPEIN 3211 Coronet Ct Spring Hill Fl. 34609	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANGONE, THOMAS 11720 TRUMBULL DR SPRING HILL FL 34609	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DVP Thomas Langone 11720 Trumbull Dr. Spring Hill Fl. 34609	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NATURE, JOEL 9061 NORTHELIFF BLVD SPRING HILL FL 34609	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	DT ROBERT GUENKEL 18507 ALEXSON ST. SPRING HILL, FL. 34610	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

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 617, 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] SIGNATURE REQUIRED — 352-666-2934
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #