

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLOIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P92000011656 (5)

1. Corporation Name  
**NATURE'S HARVEST MARKET NORTH TAMPA, INC.**



Principal Place of Business: 1021 NORTH MACDILL AVE. TAMPA FL 33607  
Mailing Address: 1021 NORTH MACDILL AVE. TAMPA FL 33607

3. Date Incorporated or Qualified: 12/14/1992  
3a. Date of Last Report: 09/27/1995  
4. FEI Number: 59-3159498  
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

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-30)  
22. Suite, Apt. #, etc.  
27. Suite, Apt. #, etc.  
23. City & State  
28. City & State  
24. Zip  
25. Country  
29. Zip  
30. Country

9. Name and Address of Current Registered Agent  
**TAYLOR, DAVID G  
4511 DALE AVE.  
TAMPA FL 33609**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent, if applicable. (Only Registered Agent signature required when incorporating.)

12. OFFICERS AND DIRECTORS  
TITLE: DP  
NAME: TAYLOR, DAVID G  
STREET ADDRESS: 1021 N. MACDILL AVE.  
CITY-ST-ZIP: TAMPA FL 33607  
[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92  
11. TITLE  
12. NAME  
13. STREET ADDRESS  
14. CITY-ST-ZIP  
[ ] Change [ ] Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, upon an attachment with an address.

SIGNATURE: *David G Taylor* 4-30-96 813-873-7428  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)