FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000015490 (4)**

1. Corporate Name

ALLERGY RELIEF STORES, INC. OF FLORIDA

Principal Place of Business	Mailing Address
10047 ADAMO DRIVE TAMPA FL 33619 US	10047 ADAMO DRIVE TAMPA FL 33619 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/15/1993**

3a. Date of Last Report: **08/10/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24

County — 25

Zip — 29

County — 30

4. FEI Number: **59-3168156** ☐ 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

9. Name and Address of Current Registered Agent

PYLE, TERRENCE F
5938 FROND WAY
APOLLO BEACH FL 33572-3126

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

11. Pursuant to the provisions of Section 607.0502 and 607.1505, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01	PD	01	☐ Change ☐ Addition
NAME	PETERS, EDWARD A.	02 NAME	
STREET ADDRESS	518 E. ANGLEWOOD DR.	03 STREET ADDRESS	
CITY ST ZIP	BRANDON FL	04 CITY ST ZIP	
02	SD	05	☐ Change ☐ Addition
NAME	PETERS, MARY ANN	06 NAME	
STREET ADDRESS	518 E. ANGLEWOOD DR.	07 STREET ADDRESS	
CITY ST ZIP	BRANDON FL	08 CITY ST ZIP	
03	VPD	09	☐ Change ☐ Addition
NAME	PETERS, RENEE ANN	10 NAME	
STREET ADDRESS	518 E. ANGLEWOOD DR.	11 STREET ADDRESS	
CITY ST ZIP	BRANDON FL	12 CITY ST ZIP	
04	TD	13	☐ Change ☐ Addition
NAME	PETERS, SCOTT E.	14 NAME	
STREET ADDRESS	518 E. ANGLEWOOD DR.	15 STREET ADDRESS	
CITY ST ZIP	BRANDON FL	16 CITY ST ZIP	
05		17	☐ Change ☐ Addition
NAME		18 NAME	
STREET ADDRESS		19 STREET ADDRESS	
CITY ST ZIP		20 CITY ST ZIP	
06		21	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	

14. I/We 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)(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 added on an attached amendment or an address

SIGNATURE: Edward A. Peters EDWARD A. PETERS Pres. 4/25/95 (813) 653-2232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #

0200400 CP