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 APR 25 AM 7:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000025767 (3)**

1. Corporation Name
NATURAL ORGANIC PRODUCTS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
710 S. ROSSITER STREET MT. DORA FL 32757 US	PO BOX 925 MT. DORA FL 32757

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/06/1993	3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-3179612	☐ 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 paid for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CAMPBELL, RICHARD E
805 SANDPIPER STREET EAST
APOPKA FL 32712

10. Name and Address of New Registered Agent

81 Name: Bonnie Rogers
82 Street Address (P.O. Box Number is Not Acceptable): 710 S. Rossiter Street
83
84 City: Mt. Dora FL 85 Zip Code: 32757

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: Bonnie Rogers — Bonnie Rogers, Secretary — 4-20-95
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	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	TROWBRIDGE, ROBERT A	1.2 NAME	GRIFFIN, GERALD V.	
STREET ADDRESS	144 WISCONSIN DRIVE	1.3 STREET ADDRESS	RT 1 BOX 224	
CITY-ST-ZIP	DECATUR IL	1.4 CITY-ST-ZIP	BLOOMFIELD MO 63825	
TITLE	V	2.1 TITLE	V	☒ Change ☐ Addition
NAME	CAMPBELL, RICHARD	2.2 NAME	GRIFFIN, IVAN	
STREET ADDRESS	805 SANDPIPER STREET, E.	2.3 STREET ADDRESS	RT 1 BOX 223	
CITY-ST-ZIP	APOPKA FL	2.4 CITY-ST-ZIP	BLOOMFIELD MO 63825	
TITLE	V	3.1 TITLE	V	☒ Change ☐ Addition
NAME	ROGERS, JAMES	3.2 NAME	ROGERS, JAMES (address)	
STREET ADDRESS	987 SHORE ACRES ROAD	3.3 STREET ADDRESS	30849 VISTA VIEW - P O BOX 952	
CITY-ST-ZIP	MT. DORA FL	3.4 CITY-ST-ZIP	MT DORA FL 32757	
TITLE	S	4.1 TITLE	S	☒ Change ☐ Addition
NAME	ROGERS, BONNIE	4.2 NAME	ROGERS, BONNIE (address)	
STREET ADDRESS	987 SHORE ACRES ROAD	4.3 STREET ADDRESS	30849 VISTA VIEW - P O BOX 952	
CITY-ST-ZIP	MT. DORA FL	4.4 CITY-ST-ZIP	MT DORA FL 32757	
TITLE	T	5.1 TITLE	T	☒ Change ☐ Addition
NAME	GRIFFIN, GERALD	5.2 NAME	GRIFFIN, EVELYN	
STREET ADDRESS	RT. 1, BOX 224	5.3 STREET ADDRESS	RT 1 BOX 224	
CITY-ST-ZIP	BLOOMFIELD MO	5.4 CITY-ST-ZIP	BLOOMFIELD MO 63825	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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: Bonnie Rogers — Bonnie Rogers Secretary — 4-20-95 — 904 383 8252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0042967 CP