

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000025767 (3)

1. Corporation Name

NATURAL ORGANIC PRODUCTS INTERNATIONAL, INC.



Principal Place of Business

710 S. ROSSITER STREET  
MT. DORA FL 32757  
US

Mailing Address

PO BOX 925  
MT. DORA FL 32757

3. Date Incorporated or Qualified  
04/08/1993

3a. Date of Last Report  
04/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROGERS, BONNIE  
710 S ROSSITER STREET  
MT DORA FL 32757

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 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

Signature, typed or printed name of registered agent, this day of \_\_\_\_\_

(NOTE: Registered Agent signature required when filing this statement.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V	<input type="checkbox"/> DELETE
NAME	GRiffin, IVAN	
STREET ADDRESS	RT 1 BOX 223 N/A	
CITY-STATE-ZIP	BLOOMFIELD MO	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GRiffin, EVELYN	
STREET ADDRESS	RT 1 BOX 224 N/A	
CITY-STATE-ZIP	BLOOMFIELD MO	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROGERS, JAMES	
STREET ADDRESS	30849 VISTA VIEW	
CITY-STATE-ZIP	MT. DORA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROGERS, BONNIE	
STREET ADDRESS	30849 VISTA VIEW	
CITY-STATE-ZIP	MT. DORA FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GRiffin, GERALD	
STREET ADDRESS	RT. 1, BOX 224	
CITY-STATE-ZIP	BLOOMFIELD MO	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1. TITLE	V/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
2. TITLE	T/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
2.3 STREET ADDRESS	25742 State Hwy. 25	
2.4 CITY-STATE-ZIP		
3. TITLE	V/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4. TITLE	S/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5. TITLE	P/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	25742 State Hwy. 25	
5.4 CITY-STATE-ZIP		
6. TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Griffin, Sue	
6.3 STREET ADDRESS	Rt. 1, Box 223	
6.4 CITY-STATE-ZIP	Bloomfield, MO	

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, or on an attachment with an address.

SIGNATURE: Bonnie Rogers Bonnie Rogers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-11-96

Date

352 383 8252

Daytime Phone #

CR2E034 (12/95)