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PROFIT , CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 02 1997 8:00am

Secretary of State

a44-8336

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000031790 (7)

THE NAME IS NATURAL INC.

Principal Place of Business Mailing Address 395 CANTERBURY CIRCLE **99 EGLIN PARKWAY** FT. WALTON FL 32548-4588 **SUITE 43** FORT WALTON FL 32548 3. Date Incorporated or Qualified 3a. Date of Last Report 04/30/1993 08/19/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3183431 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite. Apt. #. etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, ☐ No Yes Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BRIDWELL, SUSAN 395 CANTERBURY CIR. Street Address (P.O. Box Number is Not Acceptable) FT. WALTON FL 32548 83 11. Pursuant to the provisions of Sections 607.05.02 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 ages t and tille if suplicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)OFFICERS AND DIRECTORS 12. 13. DELETE Change 11300E TITLE BRIDWELL, SUSAN NAME 1.2 NAME **395 CANTERBURY CIRCLE** 1.3 STREET ADDRESS STREET ADDRESS **FORT WALTON FL** 1.4 C(1Y - S1 - Z)F CITY-ST-ZIP DELFTE Change Addition 2.1 TITLE TITLE BRIDWELL, MICHAEL K 2.2 NAME NAME 395 CANTERBURY CIRCLE 2.3 STREET ADDRESS STREET ADDRESS FT WALTON BEACH FL 2. 4 CITY-ST-ZIF CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TiTLE TAYLOR, MARY K 3.2 NAME NAME **64 6TH AVENUE** 3.3 STREET ADDRESS STREET ADDRESS SHALIMAR FL 3.4. CHY+S1+ZIP CITY-ST-ZIP Addition DELETE Change 4.1 THUE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - 71F Change DELETE Addition 53 100 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP DELETE 6 1 TITLE Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.