FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00 Apr 30 1998 8:00am **PROFIT** FLORIDA DEPARTMENDE STATE CORPORATION Sandra B. Motam Secretary of State ANNUAL REPORT Secretary of Se 1998 DIVISION OF CORPLATIONS DOCUMENT # P93000050347 (2) GREEN EARTH HEALTH STORE, INC. Principal Place of Business Mailing Address 2338 W OAKRIDGE ROAD 2336 W OAKRIDGE ROAD ORLANDO FL 32809 ORLANDO FL 32809 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/19/1993 2. Principal Place of Business Applied For 2a. Maiting Address FFI Number S. John Young Parking 26 5215 5, John You Not Applicable 59-3186599 Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 oal auto Trust Fund Contribution Cintry This corporation owes or has paid the current year Intangible USA ☐ Yes <u>420</u> Personal Property Tax due June 30. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent WYNNE, KELLY K 81 Name **1611 CHINOOK TRAIL** Street Address (P.O. Box Number is Not Acceptable) 82 MAITLAND FL 32751 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statules, the bove-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 Stlutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registed Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 Change Addition TITLE DELETE WYNNE, KELLY K NAME 1.2 AME **1611 CHINOOK TRAIL** STREET ADDRESS 1.3 REFT ADDRESS MAITLAND FL 32751 CITY-ST-ZIP 1.4 IY-ST-ZIP Addition Change TITLE DELETE 2.1 TLE WYNNE, KEVIN G NAME 2.2 AME **1611 CHINOOK TRAIL** STREET ADDRESS 2.3 \$REET ADDRESS CITY-ST-ZIP MAITLAND FL 32751 2. 4:ITY-ST-ZIP Addition DELETE Change TITLE 31 THE NAME 3.2 MMF STREET ADDRESS 3.3 SREET ADDRESS CITY-ST-ZIP 3.4 OTY-ST-7(P ☐ Change ■ Addition TITLE ☐ DELETE 4.1 TUE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-St-ZiP ___ Addition DELETE Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Addition ☐ Change DELETE TITLE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP 14. I 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 early 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.

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STREET ADDRESS

CITY-ST-ZIP