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FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000058202 (1)

1. Corporation Name

HERBAL SOLUTIONS, INC.

Principal Place of Business

Mailing Address

1231 FOGGY RIDGE PKWY
LUTZ FL 33549
US

1231 FOGGY RIDGE PKWY
LUTZ FL 33549
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/16/1993

4. FEI Number

59-3197263

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 owes or has paid the current year Intangible
Personal Property Tax due June 30

☒ Yes

☐ No

2. Principal Place of Business

21 1231 FOGGY RIDGE PKWY

Suite, Apt. #, etc.

22 LUTZ

City & State

23 LUTZ

Zip

24 33549

Country

25 FLA

2a. Mailing Address

26 1231 FOGGY RIDGE PKWY

Suite, Apt. #, etc.

27 LUTZ

City & State

28 LUTZ

Zip

29 33549

Country

30 FLA

9. Name and Address of Current Registered Agent

WEBSTER, DAVID R
701 N. FRANKLIN ST.
TAMPA FL 33602

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 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 and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SHANNON, WILLIAM G
STREET ADDRESS 5020 OLD MOCKSVILLE RD. 1255 JULIUS DR
CITY-ST-ZIP SALISBURY NC-28144 28147

TITLE D
NAME MAULDIN, ROBERT M
STREET ADDRESS 385 WINTERLOCKEN RD.
CITY-ST-ZIP SALISBURY NC 28144

TITLE D
NAME EGLOFF, WILLIAM
STREET ADDRESS 45 SAMOSET AVE., RFD #1
CITY-ST-ZIP PLYMOUTH MA 02380

TITLE D
NAME CHAPMAN, LAWRENCE P
STREET ADDRESS 1231 FOGGY RIDGE PKWY
CITY-ST-ZIP LUTZ FL 33549

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 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: LAWRENCE P CHAPMAN 4-27-98 8139480192

CR2E034 (10/97)