

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 AM 10: 05

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P93000081997 (7)

1. Corporation Name
MOTHER NATURE'S, INC.

Principal Place of Business Mailing Address
**18850 SW 232 STREET
GOULDS FL 33170** **18850 SW 232 STREET
GOULDS FL 33170**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/01/1994	3a. Date of Last Report
4. FEI Number 65-0452740	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for interjurisdictional tax under 5. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Filed

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

9. Name and Address of Current Registered Agent
**MICHENER, BRUCE C
18850 SW 232 STREET
GOULDS FL 33170**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Numbers 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 title if applicable

NOTE: Registered Agent Signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	MICHENER, BRUCE C
STREET ADDRESS	18850 SW 232 STREET
CITY - ST - ZIP	GOULDS FL 33170
TITLE	V
NAME	MICHENER, ANA M
STREET ADDRESS	18850 SW 232 STREET
CITY - ST - ZIP	GOULDS FL 33170
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(b), 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: **Bruce C. Michener** 4/21/95 305-245-0942
 OFFICER OR DIRECTOR
MOTHER NATURE'S, INC.
 FLORIDA 1995
 president/secretary