

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Apr 22 1998 8:00am  
Secretary of State

DOCUMENT # P94000001514 (6)

1. Corporation Name

ADAM'S HOLISTIC HEALTH INC.



Principal Place of Business

Mailing Address

728 SHAMROCK BLVD  
VENICE FL 34293  
US

225 HILLVIEW ROAD  
VENICE FL 34292

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1501 N. Lakewood Ridge Rd

Suite, Apt. #, etc.

22 Sarasota

City & State

23 Florida

24 34237

Country

25 Mailing Address

26 2331 Gentian Rd

Suite, Apt. #, etc.

27 Venice

City & State

28 Venice

29 34293

Country

30 USA

3. Date Incorporated or Qualified

12/29/1993

4. FEI Number

65-0455451

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

9. Name and Address of Current Registered Agent

O'BRIEN, KENIN A  
255 HILLVIEW ROAD  
VENICE FL 34293

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME O'BRIEN, KEVIN  
STREET ADDRESS 255 HILLVIEW ROAD  
CITY-ST-ZIP VENICE FL

☒ DELETE

TITLE S  
NAME O'BRIEN, ALICE  
STREET ADDRESS 3031 SUNSET BEACH DR  
CITY-ST-ZIP VENICE FL

☒ DELETE

TITLE P  
NAME O'BRIEN, ADAM  
STREET ADDRESS 835 PLYMOUTH ST  
CITY-ST-ZIP ABINGTON MA

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President  
1.2 NAME Kevin O'Brien  
1.3 STREET ADDRESS 255 Hillview Rd  
1.4 CITY-ST-ZIP Venice FL 34293

☒ Change ☐ Addition

2.1 TITLE Sec  
2.2 NAME Susan Richardson  
2.3 STREET ADDRESS 255 Hillview Rd  
2.4 CITY-ST-ZIP Venice FL 34293

☒ Change ☒ Addition

3.1 TITLE Vice President  
3.2 NAME Adam O'Brien  
3.3 STREET ADDRESS 835 Plymouth St  
3.4 CITY-ST-ZIP Abington MA

☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Kevin A. O'Brien

4-11-98 P41 497-6817

CR2E034 (10/97)