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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P94000019253 (1)**

1. Corporation Name
NATURE'S WAY DISTILLERS, INC.

Principal Place of Business	Mailing Address
2999 S.E. CYPRESS STREET STUART FL 34997	2999 S.E. CYPRESS STREET STUART FL 34997-7813

3. Date Incorporated or Qualified: 03/07/1994
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 1670 SW Hackman Terr
22 Suite, Apt. #, etc.
23 City & State: Stuart FL
24 Zip: 34997 25 Country: USA

2a. Mailing Address
26 1670 SW Hackman Terr
27 Suite, Apt. #, etc.
28 City & State: Stuart FL
29 Zip: 34997 30 Country: USA

4. FEI Number: 65-0470616 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MCCARTHY, TERRACE P
2081 E. OCEAN BLVD.
SUITE 2-A
STUART FL 34996

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	☐ DELETE	1.1 TITLE	P. S. T.	☒ Change ☐ Addition
NAME	STUART, CINDY L.		1.2 NAME	Stuart, Cindy L.	
STREET ADDRESS	2999 S.E. CYPRESS ST.		1.3 STREET ADDRESS	1670 SW Hackman Terr.	
CITY-ST-ZIP	STUART FL		1.4 CITY-ST-ZIP	Stuart, FL 34997	
TITLE	VP	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	STUART, JAMES W.		2.2 NAME	Stuart, James W.	
STREET ADDRESS	2999 S. E. CYPRESS ST.		2.3 STREET ADDRESS	1670 SW Hackman Terr.	
CITY-ST-ZIP	STUART FL		2.4 CITY-ST-ZIP	Stuart, FL 34997	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 on an attachment with an address.

SIGNATURE: Cindy L. Stuart P. 3/31/97 561-223-0380