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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000024590 (9)

VITAMIN SEA, INC.

STREET ADDRESS City - ST - ZIP

STREET ADDRESS

STREET ADDRESS

TITLE

NAME

C11Y-51

TITLE

NAMÉ

Principal Place of Business Mailing Address 610 2ND AVE 610 2ND AVE **DESTIN FL 32541-1754** DESTIN FL 32541 US US 3. Date Incorporated or Qualified 3a. Date of Last Report 03/25/1996 03/23/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3233408 Not Applicable 21 26 Suite Apt # oto Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes 🗆 No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GRIFFITH, ROCKY 118 PALMETTO ST 62 Street Address (P.O. Box Number is Not Acceptable) **DESTIN FL 32541** 83 84 City 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 for 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 if am farm far with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature Typest or printed name of regularized agent and title if applicable (NC)TE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1.1 TITLE TITLE FORTNER, ARTHUR C JR. 1.2 NAME NAME 6102ND AVE 1.3 STREET ADDRESS STREET ADDRESS **DESTIN FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME

4.4 CITY - ST - ZIP CHTY-ST-ZIP DELETE 5.1 TITLE ☐ Change Addition THILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-2-P CHY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY - ST - ZIP CITY - ST - ZIP

2.3 STREET ADDRESS

3 3 STREET ADDRESS

4.3 STREET ADDRESS

34 CITY-ST-ZIP

2. 4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4 2 NAME

DELETE

DELETE

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 comporation 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/ft changed by an attachment with an address.

SIGNATURE: Ather C. FOTTON - PRESIDENT

1/20/97 (904)-837-5599

Change

Change

Addition

Addition

FILED

Feb 03 1997 8:00am

Secretary of State

CR2E034 (9/96)