

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

PROFIT CORPORATION  
ANNUAL REPORT



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

19964-2596

B- 44107

C

DOCUMENT # **P94000045547 (4)**

1. Corporation Name  
**FLORIDA NATURALS, INC.**



Principal Place of Business: **1045 E. GRAVES AVE. ORANGE CITY FL 32763**  
Mailing Address: **1045 E. GRAVES AVE. ORANGE CITY FL 32763**

3. Date Incorporated or Qualified <b>06/14/1994</b>	3a. Date of Last Report <b>08/24/1995</b>
4. FEI Number <b>59-3243580</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>SHEPARD, KENTON 205 N. WOODLAND BLVD. DELAND FL 32720 32720</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	<b>FL</b>
		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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-designing) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
	<b>P SHEPARD, KENTON 205 N. WOODLAND BLVD. DELAND FL 32720 32720</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	2.1 TITLE	2.2 NAME
STREET ADDRESS	STREET ADDRESS	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
CITY - ST - ZIP	CITY - ST - ZIP	3.1 TITLE	3.2 NAME
		3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	STREET ADDRESS	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
CITY - ST - ZIP	CITY - ST - ZIP	5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	STREET ADDRESS	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
CITY - ST - ZIP	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 119.07(3)(k), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: **2/23/96** Day/Year/Printer # **904-786-7200**

CR2E034 (12/95)