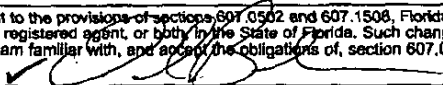


AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 04, 1999 8:00 am
Secretary of State

08-04-1999 90002 042 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000085271 ✓					
1. Corporation Name NATURAL ENTERPRISES OF NAPLES, INC.					
Principal Place of Business 2089 9TH ST. N. NAPLES FL 34102 US			Mailing Address 2089 9TH ST. N. NAPLES FL 34102 US		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		
3. Date Incorporated or Qualified 11/22/1994			4. FEI Number 65-0539291		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
7. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No			8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No		
9. Name and Address of Current Registered Agent PERRIN, GEORGE 2073 9TH ST. NORTH NAPLES FL 34102			10. Name and Address of New Registered Agent 81 Name DARREL BAKER 82 Street Address (P.O. Box Number Is Not Acceptable) 2089 9th STREET, NORTH 84 City NAPLES FL 85 Zip Code 34102		
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 8-7-99					
12. OFFICERS AND DIRECTORS SIGNATURE, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
1. TITLE P NAME PERRIN, GEORGE STREET ADDRESS 2089 9TH ST. N. CITY-ST-ZIP NAPLES FL 34102			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PRESIDENT 1.2 NAME DARREL BAKER 1.3 STREET ADDRESS 2089 9th STREET, NORTH 1.4 CITY-ST-ZIP NAPLES, FL 34102		
2. TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
3. TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
4. TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
5. TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
6. TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
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:  7-30-99 941-261-7838 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (5/99)