

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

FILED

Apr 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000091387 (8)

1. Corporation Name

BROTHER'S NUTRITIONAL SUPPLEMENT'S, INC.



Principal Place of Business

1951-B COLLIER AVENUE
FORT MYERS FL 33901

Mailing Address

1951-B COLLIER AVENUE
FORT MYERS FL 33901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1994

4. FEI Number

65-0543061

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

2. Principal Place of Business

21 3833 Cleveland Ave
Suite, Apt. #, etc.

22 C

23 City & State
FT MYERS FL

24 Zip
33901

25 Country
LEE

2a. Mailing Address

26 3833 Cleveland Ave
Suite, Apt. #, etc.

27 C

28 City & State
FT MYERS FL

29 Zip
33901

30 Country
LEE

9. Name and Address of Current Registered Agent

KENNEDY, WILLIAM M.
1951-B COLLIER AVE
FT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name

Kennedy William M.

82 Street Address (P.O. Box Number is Not Acceptable)

1951-B COLLIER AVE

83 Suite

SWC

84 City

FT MYERS

FL

85 Zip Code

33901

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 of registered agent and firm, if applicable

Signature of Registered Agent required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME KENNEDY, WILLIAM M.
STREET ADDRESS 1951-B COLLIER AVE
CITY-ST-ZIP FT MYERS FL 33901

TITLE ☐ DELETE

NAME Kennedy William M.
STREET ADDRESS 3833 CLEVELAND AVE SWC
CITY-ST-ZIP FT MYERS FL 33901

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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

Signature of William M. Kennedy 4/17/98 9412785141

CR2E034 (10/97)