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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPAREMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

P95000006741 (9)

NATURE'S KLEAN, INC.	
Principa' Place of Business	Mailing Address
1860 OLD TOMOKA RD. ORMOND BEACH FL 32174	1860 OLD TOMOKA RD. ORMOND BEACH FL 32174

				3. Date Incorporated or Qualified 01/23/1995	3a. Date of Last Report	
2. Principal Place of Business 2a. Mailing Address 21			4. FEI Number 59~32,92/2,3	Applied For Not Applicable		
Suite, Apl. #, etc. Suite, 27		Suite, Apt. #, et	с.	5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & State City & State 23 28			6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees		
Ζιρ <u>.</u>	Country 25	Ζφ 29	Country 30		□No	
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New F	legistered Agent	
			81 Name			
RIEHLMAN, ROYCE W 1880 OLD TOMOKA RD. ORMOND BEACH FL 32174			82 Sreet Ad	82 Street Address (P.O. Box Number is Not Acceptable)		
			83			
			84 Oity		FL 85 Zip Code	
SIGNATURE .	Signature, typed or printed name of registered ago OFFICERS A	ocactistaçãa» ND DIRECTORS	thill Regional Agents y at action		DAN FICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	[] DELET	1 1 11111.		Change Addition	
NAME	Royce w. RIE HAMA		1.2 NAME			
STREET ADDRESS			TIS STREET AUCHESS			
	1810 Old Temphe OLMOND BOD, FA.	22/24	14 OTY St Z ?			
CITY - ST - ZIP TITLE	Distributed 1.5. A.	DELET			Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADORESS			
CITY-SI-ZIP			2 4 CITY - ST - Z P			
TIFLE		DELETI	3 1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STHEFT AD WESS			
CITY - ST - ZIP			3.4.C(TY+S1+2.₹			
TITLE		DELET	£ 4.110°LF		Change 🔲 Addition	
NAME			4.2 NAMÉ			
STREET ADDRESS			4.3 STREET ADDRESS			
City - St - ZiP		DELET	4.4 CITY - S1- 2:P		Change Addition	
TITLE		C DETC	5 2 NAME		□ oumile □ vaquio	
NAME CEDELL ADDRESSE			5.3 STREET AD IRESS			
STREET ADDRESS			5 3 STREET AD TRESS - 54 C/TY - ST 7 P			
CITY - ST - ZIP TITLE		☐ DELFI		2000018: -06/10/9601	566022age Addition	
	i		■ " · · · · · · · · · · · · · · · · · ·		54 T 555	
			6.2 NAME	-06/10/9601	U14UU5	
NAME STREET ADDRESS			6.2 NAME 6.3 STREET AO IRESS	-06/10/9601 ***200.00	U14UU5 ∡∠\≤1	

14. 1do 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)rk), 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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR