

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

**FILED**  
**Apr 21 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000067654 (0)**  
 1. Corporation Name  
**RD NUTRITION SERVICES, INC.**



Principal Place of Business <b>POST OFFICE BOX 2405 NAPLES FL 33939</b>	Mailing Address <b>POST OFFICE BOX 2405 NAPLES FL 34106-2405</b>
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3. Date Incorporated or Qualified <b>08/25/1995</b>		3a. Date of Last Report <b>05/01/1996</b>	
2. Principal Place of Business 21 <b>2600 GARLAND RD. S.W.</b>	2a. Mailing Address 26 <b>2600 GARLAND RD. S.W.</b>	4. FEI Number <b>65-0630252</b>	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 City & State <b>NAPLES, FL</b>	28 City & State <b>NAPLES, FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Zip <b>34117</b>	25 Country <b>COLLIER</b>	29 Zip <b>34117</b>	30 Country <b>COLLIER</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>WILSON, GARY K 4501 TAMiami TRAIL NORTH #400 NAPLES FL 33940</b>				10. Name and Address of New Registered Agent			
				81 Name <b>WILSON, GARY K.</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>4501 TAMiami TRAIL NORTH</b>			
				83 <b>#400</b>			
				84 City <b>NAPLES</b>	85 Zip Code <b>FL 34103</b>		

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	<b>D GARLAND, CEDELL</b>	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>S/T</b>
NAME	<b>GARLAND, CEDELL</b>	1.2 NAME	<b>GARLAND, CEDELL</b>
STREET ADDRESS	<b>POST OFFICE BOX 2405</b>	1.3 STREET ADDRESS	<b>2600 GARLAND RD. S.W.</b>
CITY-ST-ZIP	<b>NAPLES FL 33939</b>	1.4 CITY-ST-ZIP	<b>NAPLES, FL 34117</b>
TITLE <input type="checkbox"/> DELETE	<b>D GARLAND, TWYLA</b>	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>P</b>
NAME	<b>GARLAND, TWYLA</b>	2.2 NAME	<b>GARLAND, TWYLA</b>
STREET ADDRESS	<b>POST OFFICE BOX 2405</b>	2.3 STREET ADDRESS	<b>2600 GARLAND RD. S.W.</b>
CITY-ST-ZIP	<b>NAPLES FL 33939</b>	2.4 CITY-ST-ZIP	<b>NAPLES, FL 34117</b>
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 corporation or the register 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: *Sandra B. Mortham* 4/11/97 (941) 465-0010

CR2E034 (9/96)