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May 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P95000068559 (0)**

1. Corporation Name

NATURAL PATHWAYS, INC.



Principal Place of Business

Mailing Address

**415 CHULA VISTA AVE.
LADY LAKE FL 32159**

**415 CHULA VISTA AVE.
LADY LAKE FL 32159-5854**

3. Date Incorporated or Qualified

08/29/1995

3a. Date of Last Report

07/02/1996

4. FEI Number

59-3336411

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 **734 TRUMAN AVE.**
Suite, Apt. #, etc.

26 **734 TRUMAN AVE.**
Suite, Apt. #, etc.

22 **LADY LAKE, FL.**
City & State

27 **LADY LAKE, FL.**
City & State

23 **32159** **LAKE**
Zip Country

28 **32159** **LAKE**
Zip Country

9. Name and Address of Current Registered Agent

BRUSKO, MARGERY A
~~**415 CHULA VISTA AVE.**~~ **734 TRUMAN AVE.**
LADY LAKE FL 32159

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

Margery A. Brusko
Signature of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/27/97
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D BRUSKO, MARGERY A**
STREET ADDRESS **415 CHULA VISTA AVE. 734 TRUMAN AVE.**
CITY-ST-ZIP **LADY LAKE FL 32159**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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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 **PRES BRUSKO, MARGERY A.**

1.3 STREET ADDRESS **734 TRUMAN AVE.**

1.4 CITY-ST-ZIP **LADY LAKE, FL. 32159**

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 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 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:

MARGERY A. BRUSKO, PRES.
Margery A. Brusko, Pres. **3/27/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0027830

CR2E034 (9/96)