

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 17 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 # P96000047672 (6)
1. Corporation Name

AMERICAN NUTRITION OF JACKSONVILLE, INC.



Principal Place of Business
2103 S. SECOND STREET
JACKSONVILLE BEACH FL 32250

Mailing Address
2103 S. SECOND STREET
JACKSONVILLE BEACH FL 32250

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/31/1996

4. FEI Number
59-3378957

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 Pd

2. Principal Place of Business
21 12785 Maricopa Way

2a. Mailing Address
26 12785 Maricopa Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
23 Jacksonville FL

City & State
27 Jacksonville FL

Zip Country
24 32246 25 Duval

Zip Country
28 32246 30 Duval

9. Name and Address of Current Registered Agent

WATSON, WILLIAM L
2103 S. SECOND STREET
JACKSONVILLE BEACH FL 32250

10. Name and Address of New Registered Agent

81 Name Watson, William L
82 Street Address (P.O. Box Number is Not Acceptable)
12785 Maricopa Way
83
84 City Jacksonville FL 85 Zip Code 32246

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME WATSON, WILLIAM L
STREET ADDRESS 2103 S. SECOND STREET
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME Watson, William L
1.3 STREET ADDRESS 12785 Maricopa Way
1.4 CITY-ST-ZIP Jacksonville FL 32246

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)(f), 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: William L. Watson

8-3-98 (904) 220-1906

CR2E034 (5/98)

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Dear Florida Dept. of State,

Please note I never received my notices regarding the filing of my Annual Report. After speaking to your office I received my 2nd Notice on Aug 1 '98. I explained to your office since we changed address we have not been getting our forwarded mail regularly or sometimes not at all. Some mail has actually been returned to sender. After explaining this to your office they said to explain this in a letter to your office with the annual report filing and a check for the original amount due.

Thank You

William Z. Watson

American Nutrition of Jacksonville Inc.

12785 Maricopa Way

Jacksonville FL 32246

(904) 220-1906