

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



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

PROFIT CORPORATION  
 ANNUAL REPORT  
**1998**

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 12785 Maricopa Way		2a. Mailing Address 26 12785 Maricopa Way		3. Date Incorporated or Qualified 05/31/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3378957	
22 City & State 23 Jacksonville FL		27 City & State 28 Jacksonville FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 32246 25 Country Duval		29 Zip 32246 30 Country Duval		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent WATSON, WILLIAM L 2103 S. SECOND STREET JACKSONVILLE BEACH FL 32250				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Pd	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	WATSON, WILLIAM L <input type="checkbox"/> DELETE	1.1 TITLE D	Watson, William L <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2103 S. SECOND STREET	1.2 NAME	12785 Maricopa Way
STREET ADDRESS	JACKSONVILLE BEACH FL 32250	1.3 STREET ADDRESS	Jacksonville FL 32246
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
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	800002620398
STREET ADDRESS		6.3 STREET ADDRESS	-08/20/98--01003--029
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***158.75

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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* REQUIRED

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