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FILED
May 08 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 # P96000093905 (3)

1. Corporation Name

NATURE'S DESIGNS PLUS INC.



Principal Place of Business

Mailing Address

3304 HAVILAND CT. STE. 302
PALM HARBOR FL 34684

3304 HAVILAND CT. STE. 302
PALM HARBOR FL 34684

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 455 Cypress Lake CT.	26 455 Cypress Lake CT.		
22 Suite, Apt. #, etc. - 0 -	27 Suite, Apt. #, etc. - 0 -		
23 Oldsmar FL	28 Oldsmar, FL		
24 Zip 34677	25 Country US	29 Zip 34677	30 Country US

3. Date Incorporated or Qualified

11/13/1996

4. FEI Number

59-3413041

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

9. Name and Address of Current Registered Agent

STOWELL, RICHARD C JR.
3304 HAVILAND CT. STE. 302
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name Richard C. Stowell Jr.

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

455 CYPRESS LAKE COURT

83

84 City Oldsmar

FL

85 Zip Code 34677

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

4/26/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOWELL, RICHARD C JR.	1.2 NAME	
STREET ADDRESS	3304 HAVILAND CT. STE. 302	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34684	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALHOUN, TERESA S.	2.2 NAME	
STREET ADDRESS	3304 HAVILAND CT. STE. 302	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	
TITLE		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		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		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		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 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 in an attachment with an address.

SIGNATURE

[Signature]

4/26/98

813-
918-7039

CR2E034 (10/97)