


AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF UNPAID, MINIMUM AMOUNT DUE TO RESTATE: \$30).

999.

FILED

Aug 02, 1999 8:00 am
Secretary of State

08-02-1999 90015 024 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000060990 1. Corporation Name APPLESEED HEALTH FOOD CO.					
Principal Place of Business 1311 S. US 1 ROCKLEDGE FL 32955			Mailing Address 1311 S. US 1 ROCKLEDGE FL 32955		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21			2a. Mailing Address 28		
Suite, Apt. #, etc. 22			Suite, Apt. #, etc. 27		
City & State 23			City & State 28		
Zip 24			Zip 25		
Country 25			Country 30		
3. Date Incorporated or Qualified 07/11/1997			4. FEI Number 59-3460523		
5. Certificate of Status Desired <input type="checkbox"/>			Applied For Not Applicable		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>			\$6.75 Additional Fee Required		
7. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No			\$5.00 May Be Added to Fees		
9. Name and Address of Current Registered Agent SASSER, JAMES P 947 PROSPERITY PLACE ROCKLEDGE FL 32955			10. Name and Address of New Registered Agent 81 Name Maas Felicia R 82 Street Address (P.O. Box Number is Not Acceptable) 947 Prosperity Pl. 83 84 City Rockledge FL 85 Zip Code 32955		
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 <i>[Signature]</i> (NOTE: Registered Agent signature required when (re)issuing) DATE					
12. OFFICERS AND DIRECTORS					
TITLE PSD NAME SASSER, JAMES P STREET ADDRESS 947 PROSPERITY PLACE CITY-ST-ZIP ROCKLEDGE FL 32955 <input checked="" type="checkbox"/> DELETE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE PSD 1.2 NAME MAAS Felicia R 1.3 STREET ADDRESS 947 Prosperity Pl 1.4 CITY-ST-ZIP Rockledge FL 32955 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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 on an attachment with an address.					
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (5/99)


 Date July 14, 99
 Daytime Phone # 407-631-1444