FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000070252 (6)

FLETCHER HERB GROUP, INC.

Principal Place of Business

Mailing Address

FILED May 08 1998 8:00am Secretary of State



2233 PARRO TALLAHASSE			arrot lane Iassee fl 323 03)		DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified 08/13/1997		
2. Principal Pl	lace of Business	2a. Mailin	g Address			4. FEI Number Applied For		
21		26				59-3380437 Not Applicable		
Suite, Apt	#, etc.	Suite,	Apt. #, etc.			5. Certificate of Status Desired See Required		
City & State	9	City 8	State			6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip		Country	1	8. This corporation owes or has paid the current year Intangible		
24	25	29		30	Personal Property Tax due June 30. Yes No			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent 81 Name			
	/ER, MACALL			01	Name	nie		
	33 PARROT LANE		ļ.			82 Street Address (P.O. Box Number is Not Acceptable)		
TA	LLAHASSEE FL 32303							
				63				
				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 of registered agent, or both, in the State of Fordia. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered								
=	Marella	Marall D	Veit	ud kan	it	ature required whom roinstating) DATE		
SIGNATURE	Signature: typed or printed name of registered a	igent and tile if applica	e NOI	E Registered Ag	ent signatu	ature required when roinstailing) DATE		
12.	OF FICE RS A	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE			DELETE	1.1 TOTLE		President / Director Change Addition		
NAME				1.2 NAME		Dyer, Macall		
STREET ADDRESS				1.3 STREE	T ADDRESS			
CITY-ST-ZIP				1.4 CITY -	ST-ZIP	Tallahesser, FL \$ 2803		
TITLE			☐ DELE te	2.1 TITLE		Change] Addition		
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET ADDRESS		1 ADDRESS	SS		
CITY-ST-ZIP	T priests		2. 4 CITY-	ST · Z∤P	☐ Change ☐ Addition			
TITLE			L DELETE	3.1 1(TLE		Citalitye Li Adonton		
NAME				3.2 NAME				
STREET ADDRESS					T ADDRESS	SS		
CITY-ST-ZIP			DELETE	3.4. CITY-	ST-ZIP	Change Addition		
TITLE			FT Detect	4. 2 NAME				
NAME expert appaces					T ADDRESS	200		
STREET ADDRESS				4.5 SINCE		<u></u>		
CITY+ST-ZIP TITLE			DELETE	5.1 TITLE	OI - FIL	Chapge		
NAME				5.2 NAME		1166		
STREET ADDRESS			5.3 STREET ADDRESS		T ADDRESS	ss \\\\\\\\\\\		
CITY-ST-ZIP			5.4 CITY-	11/9/1				
TITLE			6.1 TITLE		Change Addition			
NAME			_	6.2 NAME		300002518863		
STREET ADDRESS				T ADDRESS	ss -05/11/9801094022			
CITY-ST-ZIP				6.4 CITY -		300002518863 -05/11/9801094022 ***150.00		
14 Lhereby (certify that the information supplied	with this filing de	oes not qualify f	or the exemi	otion sta	tated 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.								