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Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90237 018 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000089887

1. Corporation Name

HERE'S TO YOUR HEALTH, INC.

Principal Place of Business

1934 THOROUGHbred DR  
GOTHA FL 34734

Mailing Address

P.O. BOX 677  
GOTHA FL 34734  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/17/1997

4. FEI Number

59-3476017

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LOCKE, SHANE D  
1934 THOROUGHbred DR  
GOTHA FL 34734

10. Name and Address of New Registered Agent

81 Name

Shane D. Locke

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

2626 Tryon Pl

83

84 City

Windermere

FL

85 Zip Code

34786

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

Shane D. Locke

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

(NOTE: Registered Agent signature required when reinstating)

1/25/99

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME  
LOCKE, JESSICA  
STREET ADDRESS  
1934 THOROUGHbred DRIVE  
CITY-ST-ZIP  
GOTHA FL 34734

TITLE TR ☐ DELETE

NAME  
LOCKE, SHANE D.  
STREET ADDRESS  
1934 THOROUGHbred DR.  
CITY-ST-ZIP  
GOTHA FL 34734

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME  
Jessica Locke  
1.3 STREET ADDRESS  
2626 Tryon Pl  
1.4 CITY-ST-ZIP  
Windermere, FL 34786

2.1 TITLE TR ☒ Change ☐ Addition

2.2 NAME  
Shane D. Locke  
2.3 STREET ADDRESS  
2626 Tryon Pl  
2.4 CITY-ST-ZIP  
Windermere, FL 34786

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)(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, with all other like empowered.

SIGNATURE:

Shane D. Locke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/99 407-876-8105

CR2E034 (11/98)