


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 03, 1999 8:00 am
Secretary of State
09-03-1999 90001 004 ***550.00

PROFIT CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000091105

1. Corporation Name
HERBEE, INC.

Principal Place of Business
9320 N. TAMI PATH
DUNNELLON FL 34433

Mailing Address
9320 N. TAMI PATH
DUNNELLON FL 34433

2. Principal Place of Business
14909 West Colonial Dr.
Suite, Apt. #, etc.
Winter Garden, FL
City & State
Zip 34777 Country ORANGE

2a. Mailing Address
14909 West Colonial Dr.
Suite, Apt. #, etc.
Winter Garden, FL
City & State
Zip 34777 Country ORANGE

3. Date Incorporated or Qualified
10/23/1997

4. FEI Number
59-3474053

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. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
OSBORNE, MARK E
516 TEACUP SPRINGS CT.
WINTER GARDEN FL 34777

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME OSBORNE, MARVIN H SR.

STREET ADDRESS P.O. BOX 770507

CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE D ☐ DELETE

NAME OSBORNE, MARK E

STREET ADDRESS 516 TEACUP SPRINGS CT.

CITY-ST-ZIP WINTER GARDEN FL 34777

TITLE D ☐ DELETE

NAME OSBORNE, MARTHA

STREET ADDRESS 516 TEACUP SPRINGS CT.

CITY-ST-ZIP WINTER GARDEN FL 34777

TITLE D ☒ DELETE

NAME OSBORNE, JOHN G

STREET ADDRESS 118 N. AURORA DR.

CITY-ST-ZIP APOPKA FL 32703

TITLE D ☒ DELETE

NAME OSBORNE, THERESA E

STREET ADDRESS 118 N. AURORA DR.

CITY-ST-ZIP APOPKA FL 32703

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME PRESIDENT OSBORNE, MARK E.

2.3 STREET ADDRESS 516 TEACUP SPG. CT.

2.4 CITY-ST-ZIP WINTER GARDEN FL 34777

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME VICE PRESIDENT HARTLE, MARTHA

3.3 STREET ADDRESS P.O. BOX 560039

3.4 CITY-ST-ZIP MONTICELLO, FL 34756-0039

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.

SIGNATURE: _____ DATE: August 31, 1999 DAYTIME PHONE #: 407-656-9766