

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

FILED  
May 11 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 # P97000100456 (7)

1. Corporation Name

~~NATURE'S WAY OF SHALIMAR, INC.~~

NATURE'S TIME, INC

NR 3/20/98

Principal Place of Business

5 CLIFFORD DRIVE  
SHALIMAR FL 32579

Mailing Address

5 CLIFFORD DRIVE  
SHALIMAR FL 32579

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/21/1997

4. FEI Number

59-3505651

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

ANGLEA, J R  
5 CLIFFORD DRIVE  
SHALIMAR FL 32579

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1. PD ANGLEA, J R ☐ DELETE

117A CEDAR AVENUE

FORT WALTON BEACH FL 32548

2. VPD KRAMER, PATRICIA ☐ DELETE

1221 WHITWOOD WAY

NICEVILLE FL 32578

3. STD MILLER, LUCINDA ☐ DELETE

2012 WOODFERN PATH

FORT WALTON BEACH FL 32547

4. ☐ DELETE

5. ☐ DELETE

6. ☐ DELETE

7. ☐ DELETE

8. ☐ DELETE

9. ☐ DELETE

10. ☐ DELETE

11. ☐ DELETE

12. ☐ DELETE

13. ☐ DELETE

14. ☐ DELETE

15. ☐ DELETE

16. ☐ DELETE

17. ☐ DELETE

18. ☐ DELETE

19. ☐ DELETE

20. ☐ DELETE

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

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

400002523674

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\*\*\*150.00

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

J R Anglea

5/11/98

CR2E034 (10/97)