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

. PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800030094

1. Corporation Name

THE HERB CLUB, INC.

FILED May 19, 1999 8:00 am Secretary of State

05-19-1999 90006 003 ***900.00



Principal Place of Business Mailing Address										,		
3495-5 THOMASVILLE RD 3495-5 THOMASVILLE RD TALLAHASSEE FL 32308 TALLAHASSEE FL 32308								DO NOT WRITE IN THIS SPACE				
							3.	Date Incorporated or Qualifed			ļ	
			_]	04/01/1998		, ,		
2. Principal Place of Business 2a. Mailing Address				ess			4.	FEI Number		*	plied For	
21		26									ot Applicable	
Suite, Apt.	#, etc.	—	Suite, Apt. #, etc.				5.	Certificate of Status Desired	\$		Additional equired	
22			27				<u> </u>			_		
City & State	e	<u> </u>	City & State				6.	Election Campaign Financing			May Be to Fees	
23			Zip Country				-	Trust Fund Contribution			to rees	
Zip				$\overline{}$	Codinity			8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No				
24	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Age							
	5. Name and Address of Cure	iit Negistere	u Agein	8.	1	Name		Transcription of the second				
DYER, MACALL					_							
3495-5 THOMASVILLE RD					2	Street Addre	ss (F	P.O. Box Number is Not Acceptable)				
TALLAHASSEE FL 32308				8:	3							
					4	City		F	l 8	5 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 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of egistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)									gistered			
12.	OFFICERS AND DIRECTORS				13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TIFLE	President Diedi-	-	☐ DELETE	1.1 TITLE						Change	☐ Addition	
NAME	MECALL DYET			1.2 NAME	=							
STREET ADDRESS	3495-5 Thomas vi	11c Rd	1	1.3 STRE	ET.	ADDRESS						
CITY-ST-ZIP	ME Macall Dylor REET ADDRESS 3495-5 Thomas ville Rd 13 Y-ST-ZIP Tallahaster F-32308 14				1.4 CITY-ST-ZIP							
TITLE			☐ DELETE	2.1 TITLE						Change	☐ Addition	
NAME				2.2 NAME	1							
STREET ADDRESS				2.3 STRE	ET.	ADDRESS						
CITY-ST-ZIP				2. 4 CITY-	-ST	Γ-ZIP	_					
TITLE			☐ DELETE	3.1 TITLE					L	Change	Addition	
NAME				3.2 NAME	Ξ							
STREET ADDRESS				3.3 STRE	£T.	ADDRESS						
CITY-ST-ZIP				3.4. CITY-		r-zip						
TITLE			☐ DELETE	4.1 TITLE						Change	☐ Addition	
NAME				4. 2 NAME	Ε							
STREET ADDRESS				4.3 STRE	ET.	ADDRESS						
CITY-ST-ZIP	1			4.4 CITY-		-ZIP						
TITLE			□ DELETE	5.1 TITLE						Change	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, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

☐ Change

☐ Addition