

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

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90044 049 ***158.75

DOCUMENT #

1. Corporation Name

Kathy's Healthy Solutions, Inc
P98000030097

Principal Place of Business

Mailing Address

1354 B. OCALA RD
TALLAHASSEE, FL 32304
1354 B. OCALA RD.
TALLAHASSEE, FL 32304

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3001 Shamrock South
Suite, Apt. #, etc.

2a. Mailing Address

3001 Shamrock South
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

04-01-98

4. FEI Number

59-3380440

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 ☒

City & State

TALLAHASSEE, FLORIDA

City & State

TALLAHASSEE, FLORIDA

Zip

32308

Country

USA

Zip

32308

Country

USA

9. Name and Address of Current Registered Agent

Doug Ostale
9506 Red Road South
Miami, FL. 33156

10. Name and Address of New Registered Agent

81 Name

MARC LUNA

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

3001 Shamrock South

83

84 City

TALLAHASSEE

FL

85 Zip Code

32308

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

Marc Luna

MARC LUNA Vice President

4/29/99

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	VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	LISA LUNA	
STREET ADDRESS	3001 SHAMROCK SOUTH	
CITY-ST-ZIP	TALLAHASSEE, FL. 32308	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	LISA LUNA	
13 STREET ADDRESS	3001 SHAMROCK SOUTH	
14 CITY-ST-ZIP	TALLAHASSEE, FL. 32308	
21 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	MARC LUNA	
23 STREET ADDRESS	3001 SHAMROCK SOUTH	
24 CITY-ST-ZIP	TALLAHASSEE, FL. 32308	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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:

Kathleen M. Luna

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

Date

(850) 668-5755

Daytime Phone #

CR2E034 (1/198)