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).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

P98000035500

NUTRITION 1ST, INC.

DOCUMENT #

FILED Aug 09, 1999 8:00 am Secretary of State

08-09-1999 90001 014 ***150.00

602541 - 90001 - 14



Principal Place	e of Business	Mailing Address							
1620 AIRPORT	BOULEVARD	1620 AIRPORT BOULEVA	ARD						
PENSACOLA FL 32504		PENSACOLA FL 32504			DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualified	SPACE			7
					04/17/1998			٠	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number_		Applied	For ,	1_
21	1000 01 200111000 1	26			59-3522249	_	Not Ap	plicable	1
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.7	5 Addit	ional	1
22			27		5. Certificate of Status Desired	Fee	e Requir	ed	
City & State			City & State		6. Election Campaign Financing	\$5.	00 мау	Be	1
23		28			Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Cou	intry	8. This corporation owes the current year	_]
24	25	29	30		Intangible Personal Property.	Yes	Nic	1	
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Registered	Agent			7
				81 Name					
	rgan, John			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)				┨
	O AIRPORT BOULEVARD				utess (F.O. Box Humber is Hot Acceptable)				1
PEN	NSACOLA FL 32504			83					1
				24		lee!	7:- 0-4		-
				84 City	FL	85	Zip Code	•	
11. Pursuant	to the provisions of sections 607.0	0502 and 607 1508. Florida Statu	tes, the ab	ove-named con	poration submits this statement for the purpose of ch	anging it	ts registe	red	1
office or	registered agent, or both, in the St am familiar with, and accept the ob	ate of Florida. Such change was	authorize	d by the corpora	ation's board of directors. I hereby accept the appoi	ntment a	s registe	red	
		angations of, section 607.0505, r	IOIIUa Stat	tutes.					
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE: Registe	ered Agent signature r	equired when reinstating) DATE				ء ا
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRE	CTORS	IN 12	00/4
TITLE	D	DELETE	1, 1 TI	TLE		Char	nge 🔲	Addition	1 7
NAME	MORGAN, JOHN		1.2 NA	AME					1202
STREET ADDRESS	1160 E LEE STREET		1.3 ST	REET ADDRESS					
CITY-ST-ZIP	PENSACOLA FL 32503		1.4 CI	TY-ST-ZIP					ļ
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PAPARE									
STREET ADDRESS				REET ADDRESS					
CITY-ST-ZIP			6.4 CI	ITY-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:

P98000035500 602541-90001-14

Nutrition 1st, Inc. 1620 Airport Boulevard Pensacola, FL 32504 August 2, 1999

Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

RE: Nutrition 1st, Inc.

1999 Profit Corporation Annual Report

Dear Sir or Madame:

I received a second notice regarding the 1999 Profit Corporation Annual Report. Since I had not received the original notice I had my accountants contact the Division of Corporations and they were instructed to have me send in the second notice along with a check for \$150.00 and a letter stating the first notice was not received.

Enclosed is my check for \$150 and the signed 1999 Profit Corporation Annual Report.

Very truly yours,

John L. Morgan President/Director

Enclosures --

15-19/15255/ANNUALREPLTR.DOC