

DOCUMENT # P98000049626

1. Entity Name  
HEALTH SHOPPE HOLDINGS & DISTRIBUTION CO., INC.

Principal Place of Business

12620-16 BEACH BLVD.  
JACKSONVILLE FL 32246

Mailing Address

12620-16 BEACH BLVD.  
JACKSONVILLE FL 32246

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

LATSHAW, JOHN H JR.  
3010 SOUTH THIRD STREET  
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

Name Lorraine Carroll

Street Address P.O. Box Number is not acceptable

4013 Jebb Island Cir. E.

Jax, FL 32224

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Lorraine Carroll Lorraine Carroll 12-31-00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D ☒ Delete  
NAME WILLIAMS, MICHAEL P  
STREET ADDRESS 330 A1A N #306  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE D ☐ Delete  
NAME CARROLL, CHARLES  
STREET ADDRESS 12620-16 BEACH BLVD  
CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE CARROLL, LORRAINE ☐ Delete  
NAME CARROLL, LORRAINE  
STREET ADDRESS 4013 JEBB ISLAND CIR. E.  
CITY-ST-ZIP JAX, FL 32224

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PRESIDENT ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SECRETARY/VICE PRESIDENT ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lorraine Carroll 12-31-00 (904) 6414410  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Jan 09, 2001 8:00 am  
Secretary of State

01-09-2001 90048 024 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3519987

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

CR2E034 (10/00)