

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  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90162 006 \*\*\*150.00

DOCUMENT # P98000075848

1. Corporation Name

THE NATURE COAST TRADING CO.

Principal Place of Business

155 SE HWY. 19  
CRYSTAL RIVER FL 34429

Mailing Address

P. O. BOX 1968  
CRYSTAL RIVER FL 34423

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/31/1998

4. FEI Number

59-3532215

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 773 SE Hwy 19

2a. Mailing Address

Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State

CRYSTAL RIVER FL

27 City & State

24 Zip 34429 25 Country USA

29 Zip 30 Country

9. Name and Address of Current Registered Agent

COMBRINK, CHRISTOPHER  
155 SE HWY. 19  
CRYSTAL RIVER FL 34429

10. Name and Address of New Registered Agent

81 Name HELEN BEARDSLEY

82 Street Address (P.O. Box Number is Not Acceptable)  
773 SE Hwy 19

83

84 City CRYSTAL RIVER FL 85 Zip Code 34429

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 Helen Beardsley

(NOTE: Registered Agent signature required when reinstating)

DATE 4/29/99

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME COMBRINK, CHRISTOPHER  
STREET ADDRESS P.O. BOX 203 N/A  
CITY-ST-ZIP CRYSTAL RIVER FL 34423

TITLE D ☒ DELETE  
NAME COMBRINK, BRENDA L  
STREET ADDRESS P. O. BOX 203 N/A  
CITY-ST-ZIP CRYSTAL RIVER FL 34423

TITLE D ☐ DELETE  
NAME BEARDSLEY, HELEN  
STREET ADDRESS 5678 W. NOBIS CIR.  
CITY-ST-ZIP HOMOSASSA FL 34448

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

Helen Beardsley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

Date

352-524-0694

Daytime Phone #

CR2E034 (11/98)

0487139