

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

**FILED**  
**Aug 18, 1999 8:00 am**  
**Secretary of State**

08-18-1999 90007 005 \*\*\*150.00

0113493

DOCUMENT # **P98000096075**

1. Corporation Name

**KVPKF, INC.**



Principal Place of Business

**50 S. BLUE ANGEL PARKWAY, UNIT #10  
PENSACOLA FL 32506**

Mailing Address

**50 S. BLUE ANGEL PARKWAY, UNIT #10  
PENSACOLA FL 32506**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/10/1998**

4. FEI Number

**59 3540928**

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.

☐ Yes ☒ No

2. Principal Place of Business

**21 40 S. Blue Angel Parkway**

2a. Mailing Address

**26 40 S. Blue Angel Parkway**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 Unit #6**

**27 Unit #6**

City & State

**23 Pensacola, Florida**

City & State

**28 Pensacola, Florida**

Zip

**24 32506**

Country

Zip

**29 32506**

Country

**30**

9. Name and Address of Current Registered Agent

**FOX, KATHRYN V  
50 S. BLUE ANGEL PARKWAY, UNIT #10  
PENSACOLA FL 32506**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 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 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

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 ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

**President**

☐ Change ☒ Addition

1.2 NAME

**KATHRYN FOX**

1.3 STREET ADDRESS

**17 LAKESIDE DRIVE**

1.4 CITY-ST-ZIP

**PENSACOLA, FLORIDA 32507**

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☒ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ 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.

SIGNATURE:

**KATHRYN FOX**

**8-16-99**

**(850) 456-6868**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

**GNC Live Well.™**

P98000096075  
607472-90007-5  
KAY FOX  
Owner

State of Florida  
Division of Corporations  
Annual Reports Filings  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Dear Sir or Madam,

We have never received our original filing packet. Possibly due to the change of our address. The correct address is:

40 S. Blue Angel Parkway  
Unit #6  
Pensacola, Florida 32506

Enclosed is our filing packet and a check for \$150.00. If you have any questions please call us at (850) 456-6868.

Thank you.

Kathryn V. Fox

Kathryn Fox  
President

General Nutrition Center - Blue Angel Crossing  
40 S. Blue Angel - Pensacola, FL 32506  
Phone: 1-850-456-6868 Fax: 1-850-456-6868  
Store Hours: Mon. - Sat. 9-9 Sun. 12-5