

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT

1999 2000



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90005 044 ***150.00

DOCUMENT # P99000051862

1. Corporation Name

RELIANT NUTRACEUTICALS, INC.

Principal Place of Business

Mailing Address

2860 Scherer Dr., Suite 650
St. Petersburg, FL 33764

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/99

2. Principal Place of Business

4010 State Street

2a. Mailing Address

4010 State Street

4. FEI Number

59-3580560

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Tampa, Florida

Tampa, Florida

Zip

Country

Zip

Country

33609

25

USA

33609

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Victor W. Holcomb
415 S. Hyde Park Ave.
Tampa, Florida 33606

81 Name

Victor W. Holcomb

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

106 S. Tampa Ave.

83 Suite 200

84 City

Tampa

FL

85 Zip Code

33609

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME William H. Harper
STREET ADDRESS 2860 Scherer Dr., Ste. 650
CITY-ST-ZIP St. Petersburg, Florida 33764

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

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME William H. Harper
1.3 STREET ADDRESS 4010 State Street
1.4 CITY-ST-ZIP Tampa, Florida 33609

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 indicates 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: William H. Harper William H. Harper, President

Date

813-870-2904

Daytime Phone #