

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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S87318 (9)
1. Corporation Name
NATURAL SCIENTIFIC, INC.



Principal Place of Business
5486 FAIRCHILD ROAD
CRESTVIEW FL 32536-8100

Mailing Address
~~5486 FAIRCHILD ROAD~~
~~CRESTVIEW FL 32536-8100~~
P.O. Box 5188
Niceville, FL 32578

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/14/1991	
4. FEI Number 59-3091825	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GOLDEN, ROGER F. 5486 FAIRCHILD ROAD CRESTVIEW FL 32536-8100		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, JEAN C.	1.2 NAME	
STREET ADDRESS	5486 FAIRCHILD ROAD 4540 Parkwood Ln	1.3 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL Niceville FL 32578	1.4 CITY-ST-ZIP	
TITLE	DC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHANKLIN, CHARLES E	2.2 NAME	
STREET ADDRESS	PO BOX 1531 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	VIEQUES PR	2.4 CITY-ST-ZIP	
TITLE	DTS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHANKLIN, CHARLES R	3.2 NAME	
STREET ADDRESS	24368 ST RT 36	3.3 STREET ADDRESS	
CITY-ST-ZIP	MILFORD CENTER OH	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: Jean Sanders Jean Sanders H 20 98 850-807-4187

CR2E034 (10/97)