J-21-97 B- C FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 21 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # VOSAA6

111

NATURE'S WAY PEST CONTROL, INC. Principal Place of Business 4648 ASHTON RD SARASOTA FL 34233 US Walling Address 4648 ASHTON RD SARASOTA FL 34233-3408 US			***************************************		
				3. Date Incorporated or Qualified 12/31/1991	3a. Date of Last Report 09/16/1996
2. Principal F	face of Business	26. Mailing Address	#\$************************************	4. FEI Number 65-0356518	Applied For Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Stat	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
23 Zip 24	Country 25	Zip	Country		or intengible tax under s. 199.032,
<u> </u>	9. Name and Address of Curr		30j	10. Name and Address of New	
	LBROCK, TRAVIS		81 Name	TRAVIS WOL	BROCK
) webber st Asota Fl 34239		82 Street 2	oriress (P.O. Box Number is Nob Accep	table
			83		
			84 City <	SARACOTA	FL 85 349322
office or a agent. La SIGNATURE	TRAVIS WE	UBROCK -	s, the above-named cathorized by the corporate Statutes. The glatered Agent signature in	corporation submits this statement for the pration's board of directors hereby according to the statement for the pration's power of the statement for the pration of the pration of the statement for the pration of th	purpose of changing its registered cept the appointment as registered
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TifLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	STUDTMASN, MARK		1.2 NAME	STUDTMANN	
STREET ADDRESS	4648 ASHTON RD		1.3 STREET ADDRESS		
CITY ST-ZIF	SARASOTA FL 34233	- Dorige	1.4 CITY - ST - ZIP		**************************************
HILE	VST WELLBROCK, TRAVIS	DELETE	2.1 TITLE		Change Addition
NAME	4648 ASHTON RD		2.2 NAME		
STREET ADDRESS	SARASOTA FL 34233		2.3 STREET ADDRESS		
THE		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CHY-ST 7/P			3.4. CITY-ST-ZIP		
T-ILE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CITY-ST-20P			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADORESS			5.3 STREET ADDRESS		
COY-ST ZiF		— —	5.4 City-St-ZiP		
TOLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

City-S1-ZIP

14. I do 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 attemment with an address. SIGNATURE: