

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # V32014 (5)

1. Corporation Name

NATUREFORM, INC.

Principal Place of Business

1310 TRADEPORT DRIVE  
JACKSONVILLE FL 32218

Mailing Address

1310 TRADEPORT DRIVE  
JACKSONVILLE FL 32218



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/28/1992

3a. Date of Last Report

03/21/1995

4. FEI Number

59-3122219

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

MOORE, J. RICHARD JR  
500 NORTH OCEAN STREET  
JACKSONVILLE FL 32202

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 607.0506, 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 PD  
NAME WARREN, HAROLD L.  
STREET ADDRESS 925 NORTH OCEAN ST.  
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE STD  
NAME WARREN, ELLIS R.  
STREET ADDRESS 925 NORTH OCEAN ST.  
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE VD  
NAME WARREN, STEVE R.  
STREET ADDRESS 925 NORTH OCEAN ST.  
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☐ Addition

1.2 NAME Warren, Harold L.  
1.3 STREET ADDRESS 1310 Tradeport Drive  
1.4 CITY-ST-ZIP Jacksonville, FL 32218

2.1 TITLE VD ☐ Change ☒ Addition

2.2 NAME Mak, Tai  
2.3 STREET ADDRESS 1310 Tradeport Drive  
2.4 CITY-ST-ZIP Jacksonville, FL 32218

3.1 TITLE VD ☐ Change ☐ Addition

3.2 NAME Warren, Steve  
3.3 STREET ADDRESS 1310 Tradeport Drive  
3.4 CITY-ST-ZIP Jacksonville, FL 32218

4.1 TITLE STD ☐ Change ☐ Addition

4.2 NAME Warren, Ellis  
4.3 STREET ADDRESS 1310 Tradeport Drive  
4.4 CITY-ST-ZIP Jacksonville, FL 32218

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-30-96

Date

904-741-3030

Daytime Phone #

CR2E034 (12/95)