FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY 18 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V41947** **(5)**

1. Corporation Name
SOUTHERN NATURE, INC.

Principal Place of Business
4221 NE 2ND AVE.
POMPANO BEACH FL 33064

Mailing Address
4111 RAVENSWOOD RD.
FT. LAUDERDALE FL 33312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated (or Qualified): 06/05/1992
3a. Date of Last R: 05/31/199

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. # etc. (22)
Suite, Apt. # etc. (27)
City & State (23)
City & State (28)
Zip (24) County (25)
Zip (29) County (30)

4. FEI Number: 65-0339320
5. Certificate of Status Desired ☐ $8.
6. Election Campaign Financing Trust Fund Contribution ☐ $5 Add
8. This corporation has liability for intangible tax under s Florida Statutes ☒ No ☐ Yes

9. Name and Address of Current Registered Agent
SIMS, KIMBERLY A.
4221 NE 2ND AVE.
POMPANO BEACH FL 33064

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 Section [illegible] 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. The name and address of the registered office and the name and address of the registered agent of this corporation as changed, shall be as follows:

SIGNATURE

12.
D
SIMS, KIMBERLY A
4221 NE 2ND AVE.
POMPANO BEACH FL 33064

13.

14. I hereby certify that the information contained herein, to the best of my knowledge, is true and complete. I further certify that the corporation has paid, or has made provision for payment of, all fees and taxes imposed by Chapter 607, Florida Statutes, and that the corporation has complied with all provisions of Chapter 607, Florida Statutes, and that I am authorized to execute this report.

SIGNATURE: Kimberly Sims
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-95 305-584