

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V52847** (3)

1. Corporation Name

HERBS OF LIGHT, INC.



Principal Place of Business

Mailing Address

P.O. BOX 260456
TAMPA FL 33685-0456

P.O. BOX 260456
TAMPA FL 33685-0456

3. Date Incorporated or Qualified
07/21/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

4. FEI Number

59-3135311

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

10. Name and Address of New Registered Agent

**MARTENS, DEAN W.
4650 BAY CREST DR
TAMPA FL 33615**

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 607.0505, 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 ☐ DELETE
NAME **P MARTENS, DEAN W.,**
STREET ADDRESS **4650 BAY CREST DR.**
CITY - ST - ZIP **TAMPA FL 33615**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

1.2 NAME

NAME

1.3 STREET ADDRESS

STREET ADDRESS

1.4 CITY - ST - ZIP

CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

2.2 NAME

NAME

2.3 STREET ADDRESS

STREET ADDRESS

2.4 CITY - ST - ZIP

CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

3.2 NAME

NAME

3.3 STREET ADDRESS

STREET ADDRESS

3.4 CITY - ST - ZIP

CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

4.2 NAME

NAME

4.3 STREET ADDRESS

STREET ADDRESS

4.4 CITY - ST - ZIP

CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

5.2 NAME

NAME

5.3 STREET ADDRESS

STREET ADDRESS

5.4 CITY - ST - ZIP

CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

6.2 NAME

NAME

6.3 STREET ADDRESS

STREET ADDRESS

6.4 CITY - ST - ZIP

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 617, 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

4-5-96 8:38 8/1/94
Date Day-Month-Year

CR2E034 (3/96)