

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J29836

(0)

1. Corporation Name

NUTRITION ASSOCIATES, INC.



Principal Place of Business

9428 BAYMEADOWS RD
SUITE 129
JACKSONVILLE FL 32256

Mailing Address

9428 BAYMEADOWS RD
SUITE 129
JACKSONVILLE FL 32256

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

County

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/21/1986

3a. Date of Last Report

02/20/1995

4. FEI Number

59-2717832

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

10. Name and Address of New Registered Agent

CHRISTIE, CATHERINE
9428 BAYMEADOWS RD., SUITE 129
JACKSONVILLE FL 32256

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 607.0602 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 607.0603, Florida Statutes.

SIGNATURE

Signature of the officer or director of the corporation

Signature of Registered Agent or authorized representative

Date

12. OFFICERS AND DIRECTORS

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP
13. TITLE
14. NAME
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94. NAME
95. STREET ADDRESS
96. CITY-STATE-ZIP
97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY-STATE-ZIP

PD
CHRISTIE, CATHERINE W.
9428 BAYMEADOWS RD. #129
JACKSONVILLE FL
ST
WILCOX, VIRGINIA
1800 OLD FORT DRIVE
TALLAHASSEE FL

☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
5. 1. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP
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96. NAME
97. STREET ADDRESS
98. CITY-STATE-ZIP
97. 1. TITLE
98. NAME
99. STREET ADDRESS
100. CITY-STATE-ZIP

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14. I 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: Catherine Christie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Catherine Christie, President

2/12/96 904-636-8640
Date Filed Date Filed

CR2E034 (12/95)