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 -1 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/16/95--01037--006
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # L68280 (1)

1. Corporation Name
NATIONAL HEALTH PRODUCTS, INC.

Principal Place of Business	Mailing Address
731 KIRKMAN RD KIRKMAN COMMERCE CTR ORLANDO FL 32811-2011	731 KIRKMAN RD KIRKMAN COMMERCE CTR ORLANDO FL 32811-2011

2. Principal Place of Business 21 ___ Suite, Apt. #, etc 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___

2a. Mailing Address 26 ___ Suite, Apt. #, etc 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

3. Date Incorporated or Qualified: 04/25/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3010953 ☐ 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**

CIOLA, TOM
731 KIRKMAN RD
KIRKMAN COMMERCE CTR
ORLANDO FL 32811-2011

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 607.0505, 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

TITLE	PD
NAME	CIOLA, TOM
STREET ADDRESS	4511 WINDSMERE BLVD
CITY-ST-ZIP	ORLANDO FL
TITLE	TS
NAME	CIOLA, MARCIA
STREET ADDRESS	4511 WINDSMERE BLVD
CITY-ST-ZIP	ORLANDO FL
TITLE	VP
NAME	CIOLA, PAUL
STREET ADDRESS	4511 WINSMERE BLVD
CITY-ST-ZIP	ORLANDO FL
TITLE	VP
NAME	CIOLA, GREG
STREET ADDRESS	4511 WINDSMERE BLVD
CITY-ST-ZIP	ORLANDO FL
TITLE	VP
NAME	CIOLA, KRISTA
STREET ADDRESS	4511 WINDSMERE BLVD
CITY-ST-ZIP	ORLANDO FL
TITLE	VP
NAME	BRISBOIS, AMY C
STREET ADDRESS	4511 WINDSMERE BLVD
CITY-ST-ZIP	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Thomas Ciola is the same person as listed in block 10 / Tom Ciola. Thank you for your assistance.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quali... further certify that the information indicated on this annual report or supplemental annual report is true and acc... under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute... name appears in Block 12 or Block 10 if changed, or on an attachment with an address

SIGNATURE: Thomas Ciola Thomas Ciola REMITTED BY MAY 1
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0069648 CP