

**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. Morham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P95000034186 (3)**

1. Corporation Name

**NATIONAL BUSINESS PROMOTIONS, INC.**



Principal Place of Business

Mailing Address

**RT 3 BOX 563 E  
HORSESHOE ROAD  
TALLAHASSEE FL 32308**

**RT 3 BOX 563 E  
HORSESHOE ROAD  
TALLAHASSEE FL 32308**

3. Date Incorporated or Qualified

**05/02/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

**21 1408 B CAPITAL CIR N.E.**

**26 SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 City & State  
TALL. FL.**

**27 City & State**

**23 Zip  
32308**

**25 Country  
LEON**

**29 Zip**

**30 Country**

4. FEI Number

**59-3319535**

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

**ABBOTT, HERBERT A  
RT 3 BOX 563 E  
HORSESHOE ROAD  
TALLAHASSEE FL 32308**

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 **HERB ABBOTT PRESIDENT**

Signature, typed or printed name of registered agent and title, if applicable

(If filer, Registered Agent Signature required when filing change)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>President</b>	<input type="checkbox"/> DELETE
NAME	<b>Herb Abbott</b>	
STREET ADDRESS	<b>RT 3 BOX 563 E</b>	
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32308</b>	
TITLE	<b>Vice President &amp; Treasurer</b>	<input type="checkbox"/> DELETE
NAME	<b>C. RAY BURKE</b>	
STREET ADDRESS	<b>1103 MI MIOSA DR</b>	
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32312</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

**100001927071  
-08/20/96--01121--028  
\*\*\*225.00**

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: **Herb Abbott Herb Abbott**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-16-96**

**877-1881  
90x-  
05 8/25/96**

CR2E034 (3/96)