

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000064949 (7)

1. Corporation Name

FLORIDA NUTRITIONAL PRODUCTS, INC.



Principal Place of Business

Mailing Address

28100 U.S. 19 NORTH
SUITE 502
CLEARWATER FL 34621

28100 U.S. 19 NORTH
SUITE 502
CLEARWATER FL 34621

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 P.O. Box 3218

27 Suite, Apt. #, etc.

28 CLEARWATER, FL

29 34630 30 U.S.A.

3. Date Incorporated or Qualified

08/21/1995

3a. Date of Last Report

4. FEI Number

59-3380152

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

RAMON CARRION, P.A.
28100 U.S. 19 NORTH
SUITE 502
CLEARWATER FL 34621

10. Name and Address of New Registered Agent

81

Name
← SAME

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 the registrant

(Date) Registered Agent signature must be dated

DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT
NAME Tom DeWilde
STREET ADDRESS 28100 U.S. 19 NORTH
CITY-STATE-ZIP CLEARWATER, FL 34621

TITLE DIRECTOR
NAME PAUL GANZBOOM
STREET ADDRESS 28100 U.S. 19 NORTH
CITY-STATE-ZIP CLEARWATER, FL 34621

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

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NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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
15. STREET ADDRESS
16. CITY-STATE-ZIP

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP

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***200.00

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 607, 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

25 APR '96

799 9855

CR2E034 (12/95)