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FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90136 012 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000076640

1. Corporation Name

NATIONAL MARKETING PRODUCTS CORPORATION

Principal Place of Business

1121 BLACK ACRE TRAIL
WINTER SPRINGS FL 32708

Mailing Address

1121 BLACK ACRE TRAIL
WINTER SPRINGS FL 32708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/31/1998

4. FEI Number

59-3531259

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

1177 LOUISIANA AVE

2a. Mailing Address

1177 LOUISIANA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 206

SUITE 206

City & State

City & State

WINTER PARK FL

WINTER PARK FL

Zip

Country

Zip

Country

32789

US

32789

US

9. Name and Address of Current Registered Agent

PARKS, WILLIAM T
1121 BLACK ACRE TRAIL
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent

81 Name

ROBERT M. WINSTON

82 Street Address (P.O. Box Number is Not Acceptable)

1177 LOUISIANA AVE

83

SUITE 206

84

WINTER PARK

FL

85

Zip Code
32789

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

ROBERT M. WINSTON

3-10-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

DIRECTOR

☐ Change

☒ Addition

1.2 NAME

ROBERT M. WINSTON

1.3 STREET ADDRESS

1177 LOUISIANA AVE #206

1.4 CITY-ST-ZIP

WINTER PARK FL 32789

2.1 TITLE

PRES/DIRECTOR

☒ Change

☐ Addition

2.2 NAME

WILLIAM T. PARKS

2.3 STREET ADDRESS

1177 LOUISIANA AVE. #206

2.4 CITY-ST-ZIP

WINTER PARK, FL 32789

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: **ROBERT M. WINSTON** **3-10-99** **4076477577**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)