

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V04930** (6)

1. Corporation Name

**NATION'S PRIDE DISTRIBUTORS, INC.**



Principal Place of Business

**502 PRAIRIE MINE ROAD  
MULBERRY FL 33860**

Mailing Address

**502 PRAIRIE MINE ROAD  
MULBERRY FL 33860**

3. Date Incorporated or Qualified  
**01/08/1992**

3a. Date of Last Report  
**04/28/1995**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

**65-0308431**

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

**RAYBURN, R. DONALD  
1002 CROCKER LANE  
PLANT CITY FL 33566**

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **R. DONALD RAUBURN**  
STREET ADDRESS **1002 CROCKER LANE**  
CITY- ST- ZIP **PLANT CITY FL**

TITLE **D** ☐ DELETE  
NAME **FRAZER, FRANK**  
STREET ADDRESS **51 WINDEYER CRESCENT**  
CITY- ST- ZIP **KANATA, ONTARIO, CANADA K2K -2P7**

TITLE **D** ☐ DELETE  
NAME **O'NEAL, PAUL**  
STREET ADDRESS **447 MARCH ROAD**  
CITY- ST- ZIP **KANATA, ONTARIO, CANADA K2K -1X8**

TITLE **D** ☒ DELETE  
NAME **DR. JOHN EDMISTON**  
STREET ADDRESS **2203 WEDGEWOOD COURT**  
CITY- ST- ZIP **PLANT CITY FL**

TITLE **D** ☒ DELETE  
NAME **BLAIN, BUDDY**  
STREET ADDRESS **801 S. BOULEVARD**  
CITY- ST- ZIP **TAMPA FL 33606**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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 ☐ 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 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: *R Donald Rauburn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/96

(941) 425-5966

CR2E034 (12/95)