

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 08 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V04930** (6)  
1. Corporation Name  
**NATION'S PRIDE DISTRIBUTORS, INC.**



Principal Place of Business <b>502 PRAIRIE MINE ROAD MULBERRY FL 33860</b>	Mailing Address <b>502 PRAIRIE MINE ROAD MULBERRY FL 33860</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/08/1992</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>65-0308431</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

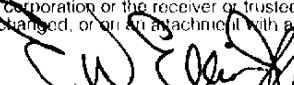
9. Name and Address of Current Registered Agent <b>RAYBURN, R. DONALD 1002 CROCKER LANE PLANT CITY FL 33566</b>				10. Name and Address of New Registered Agent	
				81 Name	<b>E. W. Ellis</b>
				82 Street Address (P.O. Box Number is Not Acceptable)	<b>502 Prairie Mine Road</b>
				83	
				84 City	<b>Mulberry</b>
				85 Zip Code	<b>33860</b>

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  **E.W. Ellis** DATE **4-30-98**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input checked="" type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	<b>PD</b>			1.1 TITLE			
NAME	<b>R. DONALD RAUBURN</b>			1.2 NAME			
STREET ADDRESS	<b>1002 CROCKER LANE</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>PLANT CITY FL</b>			1.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>FRAZER, FRANK</b>			2.2 NAME			
STREET ADDRESS	<b>51 WINDEYER CRESCENT</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>KANATA, ONTARIO, CANADA K2K -2P7</b>			2.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>O'NEAL, PAUL</b>			3.2 NAME			
STREET ADDRESS	<b>447 MARCH ROAD</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>KANATA, ONTARIO, CANADA K2K -1X8</b>			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE:  **E.W. Ellis** DATE **4-30-98** **941-425-6039**

CR2E034 (10/97)