SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 JUL 19 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000015596 (7)**

1. Corporation Name
SLENDERWORKS, INC.

Principal Place of Business	Mailing Address
1715 SEFA CIRCLE E. JACKSONVILLE FL 32210	1715 SEFA CIRCLE E. JACKSONVILLE FL 32210

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/25/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 1329-2 Lane Ave. S.
22: Suite, Apt. #, etc.
23: City & State: Jacksonville, FL.
24: Zip: 32205
25: Country: Duval

2a. Mailing Address
26: 1329-2 Lane Ave. S.
27: Suite, Apt. #, etc.
28: City & State: Jacksonville, FL
29: Zip: 32205
30: Country: Duval

4. FEI Number: 59-3250177 ☐ 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

MEISEL, STEVEN E
2955 HARTLEY RD.
SUITE 207
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name: Carl Lee Campion
82 Street Address (P.O. Box Number is Not Acceptable): 1715 Sefa Cir. E.
83:
84 City: Jacksonville **FL** 85 Zip Code: 32210-1915

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: Carl Campion Jr. Sec/Tres. DATE: 7-14-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	CAMPION, CARL L	1.2 NAME		
STREET ADDRESS	1715 SEFA CIRCLE E.	1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32210	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	CAMPION, DEBRA L	2.2 NAME		
STREET ADDRESS	1715 SEFA CIRCLE E.	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32210	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	PATTERSON, ERNEST M	3.2 NAME		
STREET ADDRESS	1715 SEFA CIRCLE E.	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32210	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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: Carl Campion Jr. Sec/Tres 7-14-95 (904)693-0830
SIGNATURE AND TYPED OR PRINTED NAME OF E.G. OFFICER OR DIRECTOR — Date — Daytime Phone #

0003096 OP