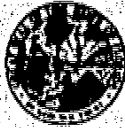


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)

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

1715 SEFA CIRCLE E.
JACKSONVILLE FL 32210

Mailing Address

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.

2a. Mailing Address

26 1329-2 Lane Ave. S.

4. FEI Number

59-3250177

Applied For

Not Applicable

Suite, Apt., #, etc.

Suite, Apt., #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 Jacksonville, FL

City & State

28 Jacksonville, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 32205

Country

25 Duval

Zip

29 32205

Country

30 Duval

8. This corporation has liability for intangible tax under s. 109.032,
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 Leo Campion

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

1715 Sefta 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 Leo Campion

Sec/Treas.

7-14-95

(NOTE: Registered Agent Signature required when remaining)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CAMPION, CARL L
STREET ADDRESS	1715 SEFA CIRCLE E.
CITY - ST - ZIP	JACKSONVILLE FL 32210
TITLE	D
NAME	CAMPION, DEBRA L
STREET ADDRESS	1715 SEFA CIRCLE E.
CITY - ST - ZIP	JACKSONVILLE FL 32210
TITLE	D
NAME	PATTERSON, ERNEST M
STREET ADDRESS	1715 SEFA CIRCLE E.
CITY - ST - ZIP	JACKSONVILLE FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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 110.07(3)(b), 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 Leo Campion Sec/Treas

7-14-95

(904) 683-0830

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

DATE

Telephone #

CR2E034 (3/95)