AP D REIN	PLICATION PARA STATEMENT	FLORIDA	A DEPARTME Sandra B. Mo Secretary of S IVISION OF CORPO	NT OF STATE rtham State		ING THIS FORE AND FILED 97 NOV 10 PM	
DOCUMENT # V48600 1. Corporation Name WHIP-IT PRODUCTS, INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business 4755 SPANISH TRAIL SUITE 62 C-4 PENSACOLA FL 32504 US		P.O. BOX 30	Mailing Address P.O. BOX 30128 PENSACOLA FL 32503-1128 US				
	inclpal Office Address, If Applicable	3. New Maili	ough incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable Sulte, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 07/02/1992		
City & State Zip Country		City & State			5. FEI Number S9-3117025 Applied For Not Applical 6. \$9.75 Additional Fee requ		
	and Street Addresses of Each Officer a Name of Officers and/or Directors		rida nonprofit corpora			E OF STATUS DESIRED [for a Certificate of Statu
CEO	2 3 (Do N		3 (Do NOT U	Jse Post Office Box N	umbers)	PACE FL 32570	State / Zip
P	WATSON, JOHN W 3513		3513 SILVERTRI	EE LANE Amerila	اوکیا۔	PENSACOLA FL-325	-30504
8T	WATSON, JOAN H		4133 Argenta		PENSACOLA FL 32670 30504		
				9	71 1 11/10	0000234 -11/12/97- *****550.0	5497: 01121008 10 ****550.00
	8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent Name			
4755C	HELD, DEBBIE MATCIE : -2 SPANISH TRAIL ACOLA FL 32503	Sones		Street Address (P 4755 Suite Api. #, Etc.	Box Number	is Not Acceptable)	ate Zip Code
10. I, being	appointed the registered agent of the	bove named corpo	oration, am familiar w	Yens	acola ligations of Secti	-	L 32504
Signature o Registered	Agent	REGISTERED AG				Date	
	ils corporation owes or angible Personal Prope			ar Yes 🔲	No 🗌		side for information tangible tax.)
this rein	that I am an officer or director or the re- tatatement application, the reason for di y the corporation have been paid and the application is true and accurate, and my	ssolution has been e names of individ	eliminated, the corpo uals listed on this for	orate name satisfies t rm do not qualify for a	he requirements in exemption und	of section 607.0401 or 617	7.0401, F.S., that all fees
SIGNAT	TURE: SIGNATURE AND TYPED OR	PRINTED NAME OF S	ASON BIGNING OFFICER OR	DIRECTOR		11/7/97 Bate	904/Bls 2/2



Whip-It Products, Inc.

INDUSTRIAL & MARINE CLEANING PRODUCTS
P. O. BOX 30128 • PENSACOLA, FLORIDA 32503

904-436-2125

(FAX) 904-436-2077

November 7, 1997

Divisions of Corporations Annual Reports Section P.O. Box 1500 Tallahassee, FL 32302-1500

To Whom This May Concern:

This letter is in reference to the Annual Corporation Report. I received your notice of Revocation on 11/5/97. To the best of my knowledge this was already processed and paid.

Therefore, I contacted my accountant to verify my information. He informed me that our Check #7189 for \$550.00 was written and mailed on June 28, 1997. As of today, this check has not cleared our bank. I have put a stop payment on this check.

I called your office this morning, and was told to mail the form with a letter of explanation and another check for \$550.00.

Enclosed is my check #7516. I have also enclosed a copy of the original form mailed on June 28, 1997. If you should need additional information I can be reached at 850-436-2125 or Fax, 850-436-2077.

Sincerely,

Jean Watson