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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **V48600**

1. Corporation Name

WHIP-IT PRODUCTS, INC.

Principal Place of Business		Mailing Address							
4755 SPANISH TRAIL		P.O. BOX 30128		ļ					
SUITE C-4 PENSACOLA FL 32504		PENSACOLA FL 32503-1128 US		DO NOT WRITE IN THIS SPACE					
US		4 5			3. Date Incorporated or Qualifed				
					07/02/1992				
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number			olied For	
		26			59-3117025			t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A		
zz∣ ⊝∵≘City &:State	0	City & State	;		6. Election Campaign Financing		\$5.00	May Be	
23	:	28			Trust Fund Contribution		Added to	o Fees	
Zip	Country	Zip	Cour	ntry	8. This corporation owes the cur			_	
24	25	29	30		Personal Property Tax.			□No	
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New I	Registered A	gent		
IONI	ES, MARCIE			81 Name (ARDI GAUGET			ļ	
	5 SPANISH TRAIL			82 Street Ad	dress (P.O. Box Number is Not Accept	able)			
C-4	STANISH HAIL				<u> </u>				
• .	SACOLA FL 32503-3250	, £		83	•	Ì			
FEIN	ONCOEN I E 02000-0250	,	1	84 City			85 Zip C	ode	
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11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	s, the at	ove-nameu co	rporation submits this statement for the	pulpose of of	mont ac rec	ristered	
as anice or r	enistered agent, or both, in the Stat	te of Florida. Such change was au	thorized	by the corpora	tion's board of directors. I hereby acce	pt the appoint	meur as ref	9.0.0.00	
agent. I a	registered agent, or both, in the Starm im familiar with, and accept the obli-	te of Florida. Such change was au gadons of, Section 607 0505, Flori	thorized ida Statu	by the corpora ites.	tion's board of directors. I hereby acce	prime appoint	1-99	,	
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90240 026 ***150.00