FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **292857** **(0)**

1. Corporation Name

CERTIFIED SLINGS, INC.

Principal Place of Business	Mailing Address
4200 S. U.S. HWY. 17-92 P.O. BOX 160127 CASSELBERRY FL 32716-127 US	4200 S. U.S. HWY. 17-92 P.O. BOX 160127 CASSELBERRY FL 32716-127 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/12/1965**	3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-6064798**	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WALL, SHIRLEY **4200 SOUTH HIGHWAY 17-92** **CASSELBERRY FL 32707**	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE _____
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	CEP	11 TITLE	D	☐ Change ☒ Addition
NAME	WORSWICK, RONALD J	12 NAME	WORSWICK, DOUGLAS J.	
STREET ADDRESS	1212 N. PARK AVENUE	13 STREET ADDRESS	1625 GOLFSIDE DRIVE	
CITY ST ZIP	WINTER PARK, FL 00000	14 CITY ST ZIP	WINTER PARK, FL	
TITLE	V	21 TITLE	V/D	☐ Change ☒ Addition
NAME	LENHART, DENNIS W.	22 NAME	WORSWICK, DENNIS E.	
STREET ADDRESS	427 CORNWALL ROAD	23 STREET ADDRESS	1661 LAKE SHORE DRIVE	
CITY ST ZIP	WINTER PARK FL	24 CITY ST ZIP	ORLANDO, FL	
TITLE	VSD	31 TITLE		☐ Change ☐ Addition
NAME	WALL, SHIRLEY E	32 NAME		
STREET ADDRESS	28402 TAMMI DR	33 STREET ADDRESS		
CITY ST ZIP	TAVARES, FL 00000	34 CITY ST ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	WORSWICK, DOLORES M	42 NAME		
STREET ADDRESS	1212 N. PARK AVENUE	43 STREET ADDRESS		
CITY ST ZIP	WINTER PARK, FL 00000	44 CITY ST ZIP		
TITLE	V	51 TITLE		☐ Change ☐ Addition
NAME	WHITE, WARREN H.	52 NAME		
STREET ADDRESS	1311 HARBOUR DRIVE	53 STREET ADDRESS		
CITY ST ZIP	LONGWOOD FL	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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 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: Shirley E. Wall Shirley E. Wall 28 April 1995 (407) 331-5542
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

04/1994 FP