

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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 180127
CASSELBERRY FL 32718-127
US

4200 S. U.S. HWY. 17-92
P.O. BOX 180127
CASSELBERRY FL 32718-127
US

3. Date Incorporated or Qualified

05/12/1965

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CEP	<input type="checkbox"/> DELETE
NAME	WORSWICK, RONALD J	
STREET ADDRESS	1212 N. PARK AVENUE	
CITY-ST-ZIP	WINTER PARK, FL 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LENHART, DENNIS W.	
STREET ADDRESS	427 CORNWALL ROAD	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	WALL, SHIRLEY E	
STREET ADDRESS	28402 TAMMI DR	
CITY-ST-ZIP	TAVARES, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WORSWICK, DOLORES M	
STREET ADDRESS	1212 N. PARK AVENUE	
CITY-ST-ZIP	WINTER PARK, FL 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WHITE, WARREN H.	
STREET ADDRESS	1311 HARBOUR DRIVE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WORSICK, DOUGLAS J	
STREET ADDRESS	1625 GOLFSIDE DR	
CITY-ST-ZIP	WINTER PARK FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WORSWICK, DENNIS E.	
1.3 STREET ADDRESS	1661 LAKE SHORE DRIVE	
1.4 CITY-ST-ZIP	ORLANDO, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	WORSWICK, DOUGLAS J.	
6.3 STREET ADDRESS	1625 GOLFSIDE DRIVE	
6.4 CITY-ST-ZIP	WINTER PARK, FL	

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

SHIRLEY E. WALL

29 APRIL 1996

407 331-5542

Date

Daytime Phone #

CR2E034 (12/95)