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May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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. 17-82
P.O. BOX 180127
CASSELBERRY FL 32718-127
US

4200 S. U.S. HWY. 17-82
P.O. BOX 180127
CASSELBERRY FL 32718-0127
US



2. Principal Place of Business

2a. Mailing Address

21 310 MELODY LANE

26 P.O. BOX 180127

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 P.O. BOX 180127

27

City & State

City & State

23 CASSELBERRY, FL

28 CASSELBERRY, FL

Zip

Country

Zip

Country

24 32707

25 USA

29 32718-0127

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/12/1965

3a. Date of Last Report

05/01/1996

4. FEI Number

59-8064798

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

10. Name and Address of New Registered Agent

WALL, SHIRLEY
4200 SOUTH HIGHWAY 17-82
CASSELBERRY FL 32707

81 Name

SHIRLEY E. WALL

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

310 MELODY LANE

83

84 City

CASSELBERRY

FL

85 Zip Code

32707

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

Shirley E. Wall
Signature, typed or printed, name of registered agent and title if applicable

Shirley E. Wall, Vice President April 28, 1997

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CEP
WORSWICK, RONALD J
1212 N. PARK AVENUE
WINTER PARK, FL 00000

☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
LENHART, DENNIS W.
427 CORNWALL ROAD
WINTER PARK FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VSD
WALL, SHIRLEY E
28402 TAMMI DR
TAVARES, FL 00000

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
WORSWICK, DOLORES M
1212 N. PARK AVENUE
WINTER PARK, FL 00000

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
WHITE, WARREN H.
1311 HARBOUR DRIVE
LONGWOOD FL

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
WORSICK, DOUGLAS J
1625 GOLFSIDE DR
WINTER PARK FL

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

Shirley E. Wall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shirley E. Wall 4/28/97 (407) 331-5542

Date

Daytime Phone #

CR2E034 (9/96)