

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

**310 MELODY LANE  
P.O. BOX 180127  
CASSELBERRY FL 32707  
US**

Mailing Address

**P.O. BOX 180127  
CASSELBERRY FL 32718-127  
US**

FILED  
May 13 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/12/1965**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALL, SHIRLEY E  
310 MELODY LANE  
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 type and printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE **VD** ☐ Change ☒ Addition  
1.2 NAME **WORSWICK, DENNIS E.**  
1.3 STREET ADDRESS **1661 LAKE SHORE DRIVE**  
1.4 CITY-ST-ZIP **ORLANDO, FL 32803**

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

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

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

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

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

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

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

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

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

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

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.

CR2E034 (10/97)