

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

**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90053 003 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 292857**

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**

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

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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  
**Ronald J. Worswick**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1212 North Park Avenue**

84 City  
**Winter Park**

**FL**

85 Zip Code  
**32790**

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 607.0605, Florida Statutes.

SIGNATURE **RONALD J. WORSWICK**

**PRES/CEO**

**4/29/99**

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☐ DELETE  
NAME **WORSWICK, DENNIS E**  
STREET ADDRESS **1661 LAKE SHORE DR**  
CITY-ST-ZIP **ORLANDO FL 32803**

1.1 TITLE **PCEO** ☐ Change ☒ Addition  
1.2 NAME **Ronald J. Worswick**  
1.3 STREET ADDRESS **1212 North Park Avenue**  
1.4 CITY-ST-ZIP **Winter Park, FL 32790**

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

2.1 TITLE **T** ☐ Change ☒ Addition  
2.2 NAME **Connie B. Durbin**  
2.3 STREET ADDRESS **1025 Pine Shadow Drive**  
2.4 CITY-ST-ZIP **Apopka, FL 32712**

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

3.1 TITLE **VD** ☐ Change ☒ Addition  
3.2 NAME **Glenn T. Phillips**  
3.3 STREET ADDRESS **6565 Forestwood Drive W**  
3.4 CITY-ST-ZIP **Lakeland, FL 33811**

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

4.1 TITLE **VD** ☐ Change ☒ Addition  
4.2 NAME **David B. Lake**  
4.3 STREET ADDRESS **4311 Fulton Circle**  
4.4 CITY-ST-ZIP **Ft. Myers, FL 33905**

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, with all other like empowered.

SIGNATURE:

**Connie B. Durbin**

**4/29/99**

**(407)331-6677**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)