

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

FILED  
Jan 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **576560** (7)

1. Corporation Name  
**BIEHL'S SLIP-NOT, INC.**

Principal Place of Business  
**1601 SOUTH TAMiami TRAIL  
PUNTA GORDA FL 33950**

Mailing Address  
**1601 SOUTH TAMiami TRAIL  
PUNTA GORDA FL 33950**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/22/1978**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>59-2102330</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

~~BIEHL, WILLARD E.~~  
**1601 SOUTH TAMiami TRAIL  
PUNTA GORDA FL 33950**

10. Name and Address of New Registered Agent

81 Name **Biehl, Danny L.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1601 S. Tamiami Trail**  
83  
84 City **Punta Gorda, FL** 85 Zip Code **33950**

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 **Danny Biehl - Danny Biehl**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Jan 13/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD PD</b> <input type="checkbox"/> DELETE <b>BIEHL, DANNY L</b> <b>1601 S TAMiami TRAIL</b> <b>PUNTA GORDA, FL 00000 33950</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Biehl, Danny L.</b> <b>1601 S. Tamiami Trail</b> <b>Punta Gorda, FL 33950</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PD</del> <input checked="" type="checkbox"/> DELETE <del>BIEHL, WILLARD E.</del> <del>1601 S TAMiami TRAIL</del> <del>PUNTA GORDA, FL 00000</del>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VD</del> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>Vice Pres</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Biehl, Barbara</b> <b>1601 S. Tamiami Trail</b> <b>Punta Gorda, FL 33950</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>Secy</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Nancy Stanfield</b> <b>1601 S. Tamiami Trail</b> <b>Punta Gorda, FL 33950</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: **Danny Biehl - Danny Biehl**

**1/13/98 941-639-7677**

CR2E034 (10/97)