Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 01, 1999 8:00am Secretary of State

02-01-1999 90008 039 ***150.00



DOCUMENT # 576560

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

Principal Place of Business 1601 SOUTH TAMIAMI TRAIL PUNTA GORDA FL 33950

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Mailing Address
1601 SOUTH TAMIAMI TRAIL

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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Country

1601 SOUTH TAMIAMI TRAIL PUNTA GORDA FL 33950

. DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

06/22/1978

59-2102330

4. FEI Number

24	25		29	30]	Pers	onal Proper	rty Tax.		Yes	□No
Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent						
		C. 131500			81	Name	ie				•		.
BIEHL, WILLARD E.						C+4	-4 4	/D O D	ox Number	in Not Ann	ontoblo)		
1601 SOUTH TAMIAMI TRAIL						Street	et Address	(P.U. B			, ·		
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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.													
agent, i am ranniar with, and accept the obligations of, Section out 1000, Frontia Statutes.													
SIGNATURE	Claustine toned as prin	ted name of registered point of	nd title if conlingbie (NC	TE: Projetore	1 Acont	t elanatura	re required whe	n reinstatir	ng) :		DATE	•	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere 12. OFFICERS AND DIRECTORS 13							ia raduitan wile			NGES TO		AND DIRECTO	RS IN 12
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14. Thereby 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 13 if change() or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

01/14/99

941/639-767