

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F74579** (6)

1. Corporation Name

SLIFE MATERIAL HANDLING SYSTEMS, INC.



Principal Place of Business

**5240 BANK STREET
SUITE 15
FORT MYERS FL 33907
US**

Mailing Address

**PO BOX 60187
FORT MYERS FL 33906
US**

3. Date Incorporated or Qualified
03/31/1982

3a. Date of Last Report
05/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2178645

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State

27
City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23
Zip Country

28
Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SLIFE, DONALD E.
14630 DOUBLE EAGLE CT.
FT MYERS FL 33912**

E1 Name **SAME**
E2 Street Address (P.O. Box Number is Not Acceptable)
21022 OXBOW BEND
E3
E4 City **ESTERO** FL 85 Zip Code **33928**

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 typed or printed name of registered agent and the filing agent (SEE INSTRUCTIONS FOR SIGNATURES)

DATE

12. OFFICERS AND DIRECTORS

TITLE **ECO** ☐ DELETE
NAME **SLIFE, DONALD E.**
STREET ADDRESS **21022 OXBOW BEND**
CITY-ST-ZIP **ESTERO FL**

TITLE **VST** ☐ DELETE
NAME **SLIFE, ELSIE C.**
STREET ADDRESS **21022 OXBOW BEND**
CITY-ST-ZIP **ESTERO FL**

TITLE **P** ☐ DELETE
NAME **SLIFE, ELYSE C.**
STREET ADDRESS **8369 GROVE ROAD**
CITY-ST-ZIP **FT. MYERS FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **9359 CROCUS COURT**
3.4 CITY-ST-ZIP **FORT MYERS, FL. 33912**

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

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

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

ELISE C. SLIFE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96

941-936-0330
Display Phone #

CR2E034 (12/95)