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0547259

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90116 048 ***158.75

DOCUMENT # **J24970**

1. Corporation Name
SLIPS AMERICA, INC.



Principal Place of Business
**1103 TARPON CENTER DRIVE
VENICE FL 34285
US**

Mailing Address
**P O BOX 1424
VENICE FL 34284
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 **PO Box 1071**

27 Suite, Apt. #, etc.

28 **ENGLEWOOD, FL**

29 **34295-1071** 30 **U.S.**

3. Date Incorporated or Qualified

07/21/1986

4. FEI Number

59-2731534

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**PETERSON, EDWIN
6360 MANASOTA KEY RD
ENGLEWOOD FL 34223**

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

T ☒ DELETE
NAME **REEGLER, HOWARD**
STREET ADDRESS **432 SOUTH PARK BLVD.**
CITY-ST-ZIP **VENICE FL**

S ☐ DELETE
NAME **RATLIFF, MICHAEL**
STREET ADDRESS **1103 TARPON CENTER DR.**
CITY-ST-ZIP **VENICE FL**

P ☐ DELETE
NAME **PETERSON, EDWIN**
STREET ADDRESS **6360 MANASOTA KEY RD**
CITY-ST-ZIP **ENGLEWOOD FL**

☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DIRECTOR** ☐ Change ☒ Addition
1.2 NAME **PETERSON, MARK**
1.3 STREET ADDRESS **12609 LAKE HILLS DRIVE**
1.4 CITY-ST-ZIP **RIVERVIEW, FL 33569**

2.1 TITLE **S/T** ☒ Change ☐ Addition
2.2 NAME **RATLIFF, MICHAEL**
2.3 STREET ADDRESS **6360 PALACHICOLA ROAD**
2.4 CITY-ST-ZIP **VENICE FL 34284**

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

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 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:

Edwin Peterson **EDWIN PETERSON**

1/13/99 **941-474-4302**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)