

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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J77043

(4)

1. Corporation Name

SLIP GUARD SYSTEMS, INC.

Principal Place of Business

RT 14 BOX 594
LAKE CITY FL 32024
US

Mailing Address

~~RT 9 BOX 404 (32066)~~
P.O. BOX 836
LAKE CITY FL 32056-0836
US

2. Principal Place of Business

21 Rt 9 Box 2390

Suite, Apt. #, etc.

22

City & State
23 Lake City FL 32024

Zip Country
24 32024 25 Columbia

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28 Zip Country
29 30

3. Date Incorporated or Qualified

06/08/1987

3a. Date of Last Report

04/08/1996

4. FEI Number

59-2863684

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

DORSETT, ROY JAMES III
RT 14 BOX 594
LAKE CITY FL 32024

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 re-issuing)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

PD
DORSETT, ROY JAMES III
RT 14 BOX 594
LAKE CITY FL

TITLE NAME ☐ DELETE

Postbox 6 Box 2390
Lake City FL 32024

TITLE NAME ☐ DELETE

Postbox 6 Box 2390
Lake City FL 32024

TITLE NAME ☐ DELETE

Postbox 6 Box 2390
Lake City FL 32024

TITLE NAME ☐ DELETE

Postbox 6 Box 2390
Lake City FL 32024

TITLE NAME ☐ DELETE

Postbox 6 Box 2390
Lake City FL 32024

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2. TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6. 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 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:

4-23-97 800-777 7212

CR2E034 (9/96)