SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -7 AM 11:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000049686 (6)**

1. Corporation Name
SLINGER, INC.

Principal Place of Business	Mailing Address
~~1111 26TH AVE E. STE A~~ ~~BRADENTON FL 34208~~	~~1111 26TH AVE E. STE A~~ ~~BRADENTON FL 34208~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/29/1994
3a. Date of Last Report: first time to file

2. Principal Street Address (21): SLINGER INCORPORATED
407 Upper Manatee River Rd., N.E.
Bradenton, FL 34202
Suite, Apt. #, etc. (22)

2a. Mailing Address (26): 4
Suite, Apt. #, etc. (27)

4. FEI Number: 65-0510681 ☐ 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

City & State (23)

City & State (28)

Zip (24): 34202 Country (25): Manatee

Zip (29) Country (30)

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

9. Name and Address of Current Registered Agent

OOSTENDORP, WILLIAM
3007 57TH ST E
BRADENTON FL 34208

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 _____ DATE
(Signature, type or print name of registered agent and title if applicable) (If 11, Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	OOSTENDORP, WILLIAM	12 NAME	
STREET ADDRESS	3007 57TH ST E	13 STREET ADDRESS	
CITY ST ZIP	BRADENTON FL 34208	14 CITY ST ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	DEGRAAF, RONALD	22 NAME	
STREET ADDRESS	3200 BROOKSHIRE SE	23 STREET ADDRESS	
CITY ST ZIP	GRAND RAPIDS MI 49508	24 CITY ST ZIP	
TITLE	DT	31 TITLE	☐ Change ☐ Addition
NAME	BRONKEMA, WILLIAM R	32 NAME	
STREET ADDRESS	407 UPPER MANATEE RIVER RD NE	33 STREET ADDRESS	
CITY ST ZIP	BRADENTON FL 34202	34 CITY ST ZIP	
TITLE	DS	41 TITLE	☐ Change ☐ Addition
NAME	RITSEMA, GARY L	42 NAME	
STREET ADDRESS	622 50TH ST W	43 STREET ADDRESS	
CITY ST ZIP	BRADENTON FL 34209	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

Ck enclosed #512 #225

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)(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: William Bronkema
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-2-95 941 749-5509
Date Daytime Phone Number
or 748-5401

CR2E034 (3/95)

0163070 FP