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

PROFIT CORPORATION ANNUAL REPORT 1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000092884 (3)

SLIPPERY WHEN WET FLOOR SERVICE INCORPORATED

Principal Place of Business Mailing Address									166 108 110 1611 6 6 1 68 1 68 1		18 MESE 1818) II	IIII BIEL 1881
4961 72ND AVE. NORTH 4981 72ND AVE. NORTH PINELLAS PARK FL 33781-4443 PINELLAS PARK FL 33781-4443								Ì				
								L	DO'NOT WRITE IN THIS SPACE			
f									3. Date Incorporated or Qualifie	d		
Principal Place of Business 2a. Mailing Address									12/27/1994 4. FEI Number			nation For
21	lace of Dualifess	26									pplied For lot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.									59-3275528			Additional
22				27					5. Certificate of Status Desired			Required
City & Stat	City & State	State				6. Election Campaign Financing			May Be			
23 28									Trust Fund Contribution		Added	to Fees
Zip Cauntry				Zip . Country					8. This corporation owes or has	paid the cu		-
24	25			29 30				-	Personal Property Tax due Ju	•		⊒ Ño
	g. Name and	Address of Curren	t Regist	ered Agent	81				10. Name and Address of New	Registered	Agent	
DAVIES, EDWARD L III							Name					
4981 72ND AVE NORTH						82 Street Address (P.O.			s (P.O. Box Number is Not Accep	able)		
PINELLAS PARK FL 33781									·			
					83	3						
					84	ī	City			FL	85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the							-named d	orpora	ation submits this statement for th		of changing	its reaistered
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.												s registered
	minama waa aa	a accept the conge	10013 01,	Decaon 607.0500, 110	Maa Ogatute				** <u>-</u> -			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registerer								equired v	vhen reinstating)	DATE		
12.		TORS	13.				ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	R\$ IN 12		
TITLE	P			DELETE	1.1 TITLE						Change	☐ Addition
NAME	DAVIES, III, E			1.2 N								
STREET ADDRESS 4981 72ND AVE. NORTH					1.3 STREET							
CITY-ST-ZIP	PINELLAS PA	RK FL 33781-44				1.4 CITY-ST-ZIP						
TIFLE				☐ DELETE	2.1 TITLE		,	Se	cretary (CEO	_	Change	Addition
NAME				2.2			2.2 NAME 40		A 72nd Auc	NO.		
STREET ADDRESS				2.3			2.3 STREET ADDRESS			; .		-
CITY - ST - ZIP					2. 4 CITY-	ST	-ZIP	tun	iellas Park, Fl	33	<u> 781</u>	
TITLE				☐ DELETE	3.1 TITLE		1		•	-	Change	Addition
NAME					3.2 NAME		İ		•			
STREET ADDRESS					3.3 STREE	TA	IDDRESS					
City - St - ZIP					3.4. CITY -	ST	-ZIP					
TITLE				DELETE	4.1 TłTLE						Change	Addition
NAME					4. 2 NAME	:						
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CITY-ST-ZIP					4.4 CITY -	ST-	- ZIP					
TITLE				☐ DELETE	5.1 TITLE						L Change	☐ Addition
NAME					5.2 NAME							
STREET ADDRESS					5.3 STREE							1
CITY-ST-ZIP					5.4 CITY	ST-	- ZIP					
TITLE				☐ DELETE	6.1 TITLE						Change	Addition
NAME 6												
STREET ADDRESS	i				6.3 STREE	T AI	DOBESS					

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. SIGNATURE:

FILED

Jan 20 1998 8:00am

Secretary of State