FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P95000002395 (8)**

1. Corporation Name
GRIP-N-RIP INC.

Principal Place of Business
RT. 3. BOX 5014-4
CRAWFORDVILLE FL 32327

Mailing Address
RT. 3. BOX 5014-4
CRAWFORDVILLE FL 32327

3. Date Incorporated or Qualified: 01/10/1995
3a. Date of Last Report: N/A
4. FEI Number: 582148027 — 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

2. Principal Place of Business
21 7040 Wynfield Dr.
22 Suite, Apt. #, etc.
23 City & State: Cumming GA
24 Zip: 30130
25 County: Forsyth

2a. Mailing Address
26 65 Kenneth Lane
27 Suite, Apt. #, etc.
28 City & State: Crawfordville, Fl
29 Zip: 32327
30 County: Wakulla

9. Name and Address of Current Registered Agent
SOLOMON, MARK
RT. 3, BOX 5014-4
CRAWFORDVILLE FL 32327

10. Name and Address of New Registered Agent
81 Name: Mark Solomon
82 Street Address: 3104 Elwood Trail
83
84 City: Tallahassee Fl
85 Zip Code: 32308

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 similar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: John M. Strickland — 4/24/96
Signature, typed or printed name of registered agent — NOTE: Registered Agent signature is required for statement to be valid — DATE

12. OFFICERS AND DIRECTORS

TITLE	Vice President
NAME	Mark Solomon
STREET ADDRESS	~~7030 Wynfield Dr~~ 3104 Elwood Dr
CITY-ST-ZIP	~~Cumming GA 30130~~ Tallahassee Fl 32308
TITLE	President
NAME	John M. Strickland
STREET ADDRESS	7030 Wynfield Dr
CITY-ST-ZIP	Cumming GA 30130
TITLE	Vice President
NAME	Tony Wayde
STREET ADDRESS	7040 Wynfield Dr.
CITY-ST-ZIP	Cumming GA 30130
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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***200.00
5/1/12

14. I do hereby certify that the information supplied with this filing is voluntary, 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 (changed, or on an attachment with an address).

SIGNATURE: John M. Strickland — 4/24/96 — 770-663-1384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)