

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

FILED  
May 21 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000027581 (4)

1. Corporation Name  
SLUSH PARTY, INC.

Principal Place of Business

1755 MCCAULEY RD  
CLEARWATER FL 34625  
US

Mailing Address

1755 MCCAULEY RD  
CLEARWATER FL 34625  
US

2. Principal Place of Business

21 2699 SEVILLE BLVD

Suite, Apt. #, etc.

22 #801

City & State

23 CLEARWATER FL

Zip

24 33764

County

25 PINELLAS

2a. Mailing Address

26 2699 SEVILLE BLVD

Suite, Apt. #, etc.

27 #801

City & State

28 CLEARWATER FL

Zip

29 33764

Country

30 PINELLAS

9. Name and Address of Current Registered Agent

HILLEBOE, CHARLES R  
2700 SUNSET POINT RD  
CLEARWATER FL 34619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/03/1995

4. FEI Number

59-3335969

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

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 official applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DP  
NAME  
BARRETT, THOMAS A  
STREET ADDRESS  
109 WOODCREEK DR S  
CITY-ST-ZIP  
SAFETY HARBOR FL 34695

☐ DELETE

TITLE

DS  
NAME  
BARRETT, LYNDIA S  
STREET ADDRESS  
109 WOODCREEK DR S  
CITY-ST-ZIP  
SAFETY HARBOR FL 34695

☐ DELETE

TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 THOMAS A BARRETT Lyndia S Barrett 5/1/98 813-119-2202

CR2E034 (10/97)