FILE NOW: FILIN	G FEE AFTER	MAY 1ST IS \$550.0)0
PROFIT		FLORIDA DEPARTMENT OF STA	ATE
CORPORATION	Carrier 1	Sandra B. Mortham	

ANNUAL REPORT 1998

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000077798 (3)

SLIM'S, INC.

Principal Place of Business

2763 CENTRAL AVE. ST. PETERSBURG FL 33713 Mailing Address

2763 CENTRAL AVE ST. PETERSBURG FL 33713

FILED Feb 03 1998 8:00am Secretary of State



CR2E034

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/05/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0624839 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional $\overline{\mathbf{x}}$ 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year intangible Yes 24 25 29 30 Personal Property Tax due June 30. No No g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DORSETT, JAMES E 2763 CENTRAL AVE. 82 Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33713 83 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE ___ DELETE 1.1 TITLE Change DORSETT, JAMES E NAME 1.2 NAME 2914 - 13 AVE. NORTH STREET ADDRESS 1.3 STREET ADDRESS ST. PETERSBURG FL 33713 CITY - ST - ZIP 1.4 CITY - ST - ZiP TITLE **VS** DELETE 2.1 TITLE Addition NAME DORSETT, SARAH E 2.2 NAME 2914 - 13 AVE. NORTH STREET ADDRESS 2.3 STREET ADDRESS ST. PETERSBURG FL 33713 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST- ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE ☐ Change ___ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-2IP 5.4 CITY - ST- ZIP __ DELETE TITLE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6,4 CITY-ST-ZIP

14. Thereby 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 chapted, or on an attachment with an address.

o.January 1000

SIGNATURE: