PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000055931

1. Corporation Name

CLIDE CLOT MANUEACTURING CO

May 04, 1999 8:00 am Secretary of State

05-04-1999 90145 028 ***150.00

SUME SI	LOT MANUFACTURING CO.						11		
Principal Place	e of Rusiness	Mailing Address					BEFOL BROOK PROOF DE	EERI ONG OLEO IOI	AA UURI IIKI IOBI
5229 PONCE DI SEBRING FL 33	E LEON BLVD	P.O. BOX 685 AVON PARK FL 33826				DO NO	T WRITE IN T	HIS SPACE	. ′
US					· 3 Da	te Incorporated or Qu			
						6/25/1997	ialiioa		1
2 Principal D	lace of Business	2a. Mailing Address				Number			pplied For
21 261		26			1	-0771635			lot Applicable
Suite, Apt.		Suite, Apt. #, etc.						\$8.75	Additional
22	The second secon	27			5 Ce	rtifcate of Status Des	ired 🗌	Fee F	Required
City & State		City & State			6. Ele	ection Campaign Fina	ncing	\$5.00	May Be
23 LEH	IGH, FL	28			Tre	st Fund Contribution		Added	to Fees
Zip	Country	Zip	_	intry	1	is corporation owes the	he current year		
24 339	71 25 US	29	30			rsonal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent		04 1		me and Address of	New Register	ed Agent	w _{to} .
V LOS U	ER, JOAN F			81 Nam 	3				
	PONCE DE LEON BLVD			82 Stree	t Address (P.O.	Box Number is Not A	(cceptable)		
	RING FL 33872				413 EL	VA PLA	<i>C</i>		
SEDI	NING FE 330/2			83					
				84 City	1-4.6.		F	85 Zig	Code /
			_	<u> </u>	EHIGH	<i>F</i> -		:L " 3	39//
								or changing i	s registered
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statut	es, the a uthorized	bove-name t by the cou	d corporation su poration's board	of directors. I hereby	accept the ap	pointment as	egistered
11. Pursuant office or reagent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the Spligat	2 and 607.1508, Florida Statut of Florida. Such change was a ions of Section 607.0505, Flo	es, the a uthorized rida State	bove-name by the cou utes.	d corporation su poration's board	of directors. I hereby	accept the ap	pointment as	egistered
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C/TY-ST-ZIP 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 argachment with an activess, with all other like empowered.

SIGNATURE: