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

**FILED PROFIT** FLORIDA DEPARTMENT OF STATE Apr 13 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # V32619 (1) DAVID W. SLIGER, INC. Mailing Address Principal Place of Business 6819 17TH STREET SOUTH 4703 22ND ST N ST. PETERSBURG FL 33714 ST PETERSBURG FL 33712 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/27/1992 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-3124313 Not Applicable Suite, Apt. #, etc \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 Zip Z(p)Country 8. This corporation owes or has paid the current year Intangible Country Personal Property Tax due June 30. Yes 24 25 29 30 0. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SLIGER, LARRY A. 6627 STEWART AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 ST. PETERSBURG FL 33702 83 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NO?E: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of regulariest apoil and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change 1.1 TITLE TITLE **SLIGER, DAVID W.** 12 NAME NAME 4703 22ND ST N 1.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL CITY - ST- 2IP 1.4 CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - \$1-2IP CITY-ST-ZIP ■ Addition ☐ DELETE 3.1 TITLE Change THILE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - \$1 - ZIP CITY-ST-ZIP Addition Change □ DELFTE 4.1 10116 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CHTY - ST - ZIP CITY-ST-ZIF Change ☐ Addition DELFTE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 City - St - ZiP CHTY-ST-ZIP DELETE 6.1 101 6 ☐ Change \_\_\_\_ Addition TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 C(TY-ST-7)P

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 supplicmental annual priorit is fine 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 intustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

address

an attac

NAME

STREET ADDRESS

Block 12 or Block 13 if changed, or

CITY-S1-ZIP

MIND WSLIGHT 4/2/90