FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V45270** **(8)**

1. Corporation Name

SLIP-STOPPERS, INC.

Principal Place of Business	Mailing Address
1835 ARDEN WAY JACKSONVILLE BEACH FL 32250	1835 ARDEN WAY JACKSONVILLE FL 32250

3. Date Incorporated or Qualified: **06/18/1992**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 JACKSONVILLE BEACH FL
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **59-3133788** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SULIK, JOHN J. 320 E ADAMS ST JACKSONVILLE FL 32202	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 _____ DATE _____
(Signature, typed or printed name of registered agent, and title, if applicable) (Note: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BAILEY, DONALD, F		1.2 NAME		
STREET ADDRESS	1835 ARDEN WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BCH FL 32250		1.4 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	BAILEY, MARY C		2.2 NAME		
STREET ADDRESS	1835 ARDEN WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH FL		2.4 CITY-ST-ZIP	JACKSONVILLE BCH FL 32250	
TITLE	D	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	BAILEY, WILLIAM G		3.2 NAME		
STREET ADDRESS	1835 ARDEN WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH FL		3.4 CITY-ST-ZIP	JACKSONVILLE BCH FL 32250	
TITLE	D	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	BAILEY, DONNA M		4.2 NAME		
STREET ADDRESS	1835 ARDEN WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH FL		4.4 CITY-ST-ZIP	JACKSONVILLE BCH FL 32250	
TITLE	D	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	BAILEY, POLLY J		5.2 NAME		
STREET ADDRESS	1835 ARDEN WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH FL		5.4 CITY-ST-ZIP	JACKSONVILLE BCH FL 32250	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Donald F. Bailey DONALD F. BAILEY APR 19, 96 904-241-0229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #