

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 849084 (9)

1. Corporation Name

WILLIAM L. SLONE, INC.

Principal Place of Business

Mailing Address

NORTH AIRPORT RD.
P O BOX 1506
VALDOSTA GA 31603

NORTH AIRPORT RD.
P O BOX 1506
VALDOSTA GA 31603

3. Date Incorporated or Qualified
05/08/1981

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 1759 Airport Road

26 P.O. Box 1506

4. FEI Number
58-1745108

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

City & State

City & State

23 Valdosta, GA

28 Valdosta, GA

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 31601

25 Lowndes

29 31603-1506

30 Lowndes

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

HARDEE, CARY A.
901 WEST BASE STREET
P.O. BOX 852
MADISON FL 32340

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 of typewritten name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when terminating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE STD
NAME SLONE, PHYLLIS N.
STREET ADDRESS 3 RIDGEVIEW CIRCLE
CITY-ST-ZIP VALDOSTA GA

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE PD
NAME SLONE, WILLIAM L.
STREET ADDRESS 3 RIDGEVIEW CIRCLE
CITY-ST-ZIP VALDOSTA GA

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Phyllis N. Slone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phyllis N. Slone

June 10, 1996

(91a) 244-6709

Signature of the