

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 6, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED

1995 JUL 11 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F64787

(7)

1. Corporation Name

SLABS OF SOUTH FLORIDA, INC.

Principal Place of Business

P. O. BOX 8102
PEMBROKE PINES FL 33084

Mailing Address

7303 CROOM RITAL RD.
BROOKSVILLE FL 34002

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/27/1982

3a. Date of Last Report

11/10/1994

4. FBI Number

59-2180187

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

2. Principal Place of Business

21 7303 Croom Rital Rd

2a. Mailing Address

25 Suite, Apt. #, etc.

City & State

23 Brooksville, FL

City & State

28

Zip

24 34602

Country

25 Hernando

Zip

29

Country

30

9. Name and Address of Current Registered Agent

KELLY, NATHAN H
7303 CROOM RITAL RD.
BROOKSVILLE FL 34002

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE ST
NAME KELLY, BARBARA
STREET ADDRESS 7303 CROOM RITAL RD.
CITY-ST-ZIP BROOKSVILLE FL

TITLE PD
NAME KELLY, NATHAN H
STREET ADDRESS 7303 CROOM RITAL RD.
CITY-ST-ZIP BROOKSVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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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 110.07(3)(b), 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 any address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NATHAN H. KELLY, President

7/6/95 (904) 544-6219
Daytime Phone