

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

0020892

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90142 037 \*\*\*150.00

**DOCUMENT # G89788**

1. Corporation Name  
S.L.A.W., INC.



Principal Place of Business  
3211 MOODY ROAD  
ORANGE PARK FL 32065-6808

Mailing Address  
3211 MOODY ROAD  
ORANGE PARK FL 32065-6808

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

3. Date Incorporated or Qualified

03/09/1984

4. FEI Number

59-2436440

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LESAGE, LINDA Y.  
3211 MOODY ROAD  
ORANGE PARK FL 32073

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME LESAGE, LINDA Y.  
STREET ADDRESS 357 GLEN LYON STREET  
CITY-ST-ZIP ORANGE PARK FL

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

TITLE D ☐ DELETE  
NAME LESAGE, STEVEN C.  
STREET ADDRESS 357 GLEN LYON STREET  
CITY-ST-ZIP ORANGE PARK FL

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE VP ☐ Change ☒ Addition  
3.2 NAME William Lesage  
3.3 STREET ADDRESS 3185 Star Bright Ct.  
3.4 CITY-ST-ZIP Middleburg, FL 32068

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE VP ☐ Change ☒ Addition  
4.2 NAME Angela Lesage  
4.3 STREET ADDRESS 357 Glenlyon St.  
4.4 CITY-ST-ZIP Orange Park, FL 32073

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE S/T ☐ Change ☒ Addition  
5.2 NAME Tina Teschendorf  
5.3 STREET ADDRESS 3529 Trailridge Rd.  
5.4 CITY-ST-ZIP Middleburg, FL 32068

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-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 attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/99  
Date

904-265-7281  
Daytime Phone #

CR2E034 (11/98)