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.

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Principal Place	Mailing Address				-			F 01031 1004		
3211 MOODY ROAD		3211 MOODY ROAD								
ORANGE PARK FL 32065-6808 ORANGE PARK FL						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed	10 01 A02	<u> </u>		
						03/09/1984			İ	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied Fo				
21		26				59-2436440		Not A	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		75 Add		
22		27				3. 00111010 01 011110 00111		e Requ		
City & State	e ·	City & State				6. Election Campaign Financing		.00 M. ded to		
23	Country	Zip	Coun	tn/		Trust Fund Contribution		ded to	rees	
⊢ '				,		 This corporation owes the current year I Personal Property Tax. 	Yes	. []No	
24	9. Name and Address of Currer		30			10. Name and Address of New Registere	d Agent			
				81 N	lame				İ	
	IGE, LINDA Y.			82 S	treet Addre	ss (P.O. Box Number is Not Acceptable)				
1	MOODY ROAD									
ORA	NGE PARK FL 32073		ŀ	83						
			ļ.	84 C	City	-	85	Zip Co	de	
		<u> </u>				<u> </u>	<u>L </u>	'4	-i-torad	
office or r	egistered agent, or both, in the State	of Florida. Such change was	authonzed	by the	amed:corpo corporation	ration submits this statement for the purpose 's board of directors. I hereby accept the app	or changu ointment	as regis	stered	=
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Fl	orida Statul	tes.						
SIGNATURE	Stgnature, typed or printed name of registered age	et and title if applicable (NOT	E: Registered 4	Loant sio	nature required	when reinstating) DATE	-			
12.		ID DIRECTORS	13.	gent ag	riaura i cdanco	ADDITIONS/CHANGES TO OFFICERS	AND DIRE	CTOR	S IN 12	9
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	357 GLEN LYON STREET		1.2 NAA		DRESS		☐ Ch	ariye	Audillori	7
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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 withyan address, with all other like empowered.

SIGNATURE