

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR -4 AM 10: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H60036

(1)

1. Corporation Name

SLATE ENTERPRISES, INC.

Principal Place of Business

**8913 BOWLES RD.
TAMPA FL 33637
US**

Mailing Address

**8913 BOWLES RD.
TAMPA FL 33637
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/03/1985

3a. Date of Last Report

01/25/1994

4. FEI Number

59-2524650

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SLATE, VEDA
8913 BOWLES ROAD
(POST OFFICE BOX AL)
TAMPA FL 33637**

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 recertifying)

DATE

12. OFFICERS AND DIRECTORS

TITLE

VPD

NAME

SLATE, ROBERT G. SR

STREET ADDRESS

8913 BOWLES ROAD

CITY - ST - ZIP

TAMPA FL

TITLE

PSD

NAME

SLATE, VEDA

STREET ADDRESS

8913 BOWLES ROAD

CITY - ST - ZIP

TAMPA FL

TITLE

VPD

NAME

TRIGO, VENCENTE

STREET ADDRESS

6705 N IRE SMITH ROAD

CITY - ST - ZIP

PLANT CITY FL

TITLE

VPD

NAME

SLATE, ROBERT G. JR

STREET ADDRESS

3707 KALEWOOD PL

CITY - ST - ZIP

VALRICO FL

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

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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 an address.

SIGNATURE:

Veda W. Slate

Veda W. Slate per

3/29/95

813-989-9717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE