SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

CITY-ST-ZIP

appears in Block 12 or Block 13 if changed or on an attachment with

Jul 30 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # H60036 SLATE ENTERPRISES, INC. Principal Place of Business Mailing Address 8913 BOWLES RD. 8913 BOWLES RD. TAMPA FL 33637 TAMPA FL 33637 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 06/03/1985 05/21/1996 2. Principal Place of Business 2a. Mailing Address 4. FE≀ Number Applied For 59-2524650 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Zip Country Zφ Country This corporation owes or has paid the current year Intangible ☐ Yes 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SLATE, VEDA 8913 BOWLES ROAD 82 Street Address (P.O. Box Number is Not Acceptable) (POST OFFICE BOX AL) **TAMPA FL 33637** 83 City 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. 197 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 VID DELETE Change Addition TITLE 1.1 TITLE SLATE, ROBERT G. SR NAME 8913 BOWLES ROAD STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY-ST-ZIF 1.4 CITY - ST - ZIP PSD DELETE Change Addition TITLE 2.1 TITLE SLATE, VEDA NAME 2.2 NAME 8913 BOWLES ROAD STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 T(T) E TRIGO, VENCENTE **3.2 NAME** 6705 N IKE SMITH ROAD STREET ADDRESS 3.3 STREET ADDRESS PLANT CITY FL CITY-ST-ZIP 34. CITY-ST-ZIP ___ DELETÉ Change Addition TITLE 4.1 TITLE SLATE, ROBERT G. JR NAME 4. 2 NAME 3707 KALEWOOD PL STREET ADDRESS 4.3 STREET ADDRESS VALRICO FL CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 61 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - S1 - ZIP 14. I do hereby certify that the information supplied with this filling 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

FILED

(497)