

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J12186 (9)**
1. Corporation Name
SLATER & SONS GENERAL CONTRACTORS, INC.



Principal Place of Business: **121 SANTIAGO ST. ROYAL PALM BEACH FL 33411**
Mailing Address: **121 SANTIAGO ST. ROYAL PALM BEACH FL 33411**

3. Date Incorporated or Qualified: **05/01/1986**
3a. Date of Last Report: **06/09/1995**
4. FEI Number: **59-2697791**
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 2212 NORTH WEST 14th WAY**
2a. Mailing Address: **26 2212 NORTH WEST 14th WAY**
22. Suite, Apt. #, etc.:
23. City & State: **BOYNTON BEACH, FLORIDA 33436**
27. Suite, Apt. #, etc.:
28. City & State: **BOYNTON BEACH, FLORIDA 33436**
24. Zip: **25** Country: **29** Zip: **30** Country:

9. Name and Address of Current Registered Agent: **SLATER, RICHARD A. 121 SANTIAGO STREET S-201 ROYAL PLM BCH. FL 33411**
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLATER, MERRIE A.	1.2 NAME	
STREET ADDRESS	121 SANTIAGO STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D & PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLATER, RICHARD A.	2.2 NAME	SLATER, RICHARD A. SR.
STREET ADDRESS	121 SANTIAGO STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	D & VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	SLATER, RICHARD A. JR.
STREET ADDRESS		3.3 STREET ADDRESS	22864 OVERSEAS HIGHWAY
CITY-ST-ZIP		3.4 CITY-ST-ZIP	CUDJOE KEY, FL. 33042
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D & TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	SLATER, ROBERT C,
STREET ADDRESS		4.3 STREET ADDRESS	2212 NORTH WEST 14th WAY
CITY-ST-ZIP		4.4 CITY-ST-ZIP	BOYNTON BEACH, FLORIDA 33436
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(k), 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: *Merrie A. Slater* Merrie A. Slater 3/14/96 407-793-9342
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)