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

CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # J67905 (6) 1. Corporation Name S & L CONTRACTORS, INC.									
 Principal Place o	f Business	Mailing Address				-	PR BUBUL TIBUL		
968 CLYDESDA LOXAHATCHEE	968 CLYDESDALE RD Loxahatchee FL 334								
						3. Date Incorporated or Qualified 04/13/1987	3a. Date 03/	31/199	5
1	Principal Place of Business 2a. Mailing Addres 26					4. FEI Number 59-2797990		<u> </u>	Applied For Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.				5 Certificate of Status Desired C			Additional
2		City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
Oity & State 3		28				Trust Fund Contribution			d to Fees
Zφ.	Country	Zip	30 Cou	ıntry		8. This corporation has liability for in		under s	199.032,
4	9. Name and Address of Curre	29 nt Registered Agent	30			10. Name and Address of New R		gent	
				81	Namo				
WHITE, ROBERT A.				82	Street Addre	ss (P.O. Box Number is Not Acceptab	e)		
	Sample RD Prings FL 33065			83					
COME OF MINOS TE SOCCO				84	City			85 Zip	p Code
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the about registered agent, or both, in the State of Florida. Such change was authorized by the control of Section 1.				-		Control of the state of the sta	FL	1 1	registered office
familiar With	, and accept the obligations of Sec	t and stic it applicable iN	OTE: Registered		signature regilired		DATE	_	
12.	PD OFFICERS A	NO DIRECTORS DELETE	13.	TITLE		ADDITIONS/OFFICES TO OFFI] Change	Addition
NAME	LINES, RACHEL J.		1.2 N	IAM É					
STREE! ACIDRESS	968 CLYDESDALE RD		1.3 S	TREET	ADDRESS				
CITY-SI-ZIP	LOXAHATCHEE FL	☐ DELETE	1.4 C 2 1 1	HY-ST	- ZIP			Change	[] Addition
NAME		Поселе	2 2 N				_	•	_
STREET ADORESS			235	TREFT,	ADDRESS				
D(1) \$1-7(F)		Dette		ITY - ST				Change	Addition
TALE NAME		☐ DELETE	- 1	TITLE , IAME	·		_	,	L.
STREET ADDRESS			333	STREET	ADDRESS				
Ç([Y \$1-70])		T of the		IIY-SI	1 - 71F'] Change	☐ Addition
101(F		☐ DELETE		TITLE JAME			L	J Change	☐ Madition
NAMU STREET ADOPENS					ADDRESS				
City-St ZiF			440	CITY - S	T-ZIP				
THUE		DELETE		TILLE			ī	T Change	☐ Addition
NAME:				NAME STREET	ADDRESS				
STREET ADDRESS CHT ST-ZP*				CITY - S	ì				
1111		DELETE	6 1	TITLE	2	50000174 -03/18/96010	1680	3 55 nge	Addition
NAME				NAME "	1000100	-03/18/96010	14800	17	
STREET ADURESS					ADDRESS	***200.00			
14. Ldo hereby	certify that the information supplie	d with this filing is voluntarily fu	and all and	d does	n not qualify f	or the exemption stated in Section 119	.07(3)(k), Flo	rida Statu	ites. I further
certify that		inual report or supplemental ar noration or the receiver or trus'	anuai report tee ernpowi			te and that my signature shall have the s report as required by Chapter 607, F			

SIGNATURE: