FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAR -2 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # K75617 (6)

1. Corporation Name
SLC REFERRAL AGENCY, INC.

Principal Place of Business
574 PONTE VEDRA BOULEVARD
PONTE VEDRA BEACH FL 32082

Mailing Address
SLC REFERRAL AGENCY, INC.
P.O. BOX 1066
PONTE VEDRA BCH. FL 32004
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/27/1989
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-2952250 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

LEE, W S
574 PONTE VEDRA BLVD
SUITE 101
PONTE VEDRA BCH FL 32082

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 _____ Sr V.P.
Signature of new registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PSTD	1.1 TITLE	Director	XX Change	XX Addition
NAME	TAYLOR, MARY A.	1.2 NAME	James R. Stockton, Jr.		
STREET ADDRESS	574 PONTE VEDRA BLVD.	1.3 STREET ADDRESS	25 Lake Julie Dr. North		
CITY-ST-ZIP	PONTE VEDRA BEACH FL	1.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082		
TITLE	VPD	2.1 TITLE	President	XX Change	Addition
NAME	SPERRY, LEE W. JR.	2.2 NAME	W. Sperry Lee, Jr.		
STREET ADDRESS	1085 BEACH AVE	2.3 STREET ADDRESS	1085 Beach Avenue		
CITY-ST-ZIP	ATLANTIC BEACH FL	2.4 CITY-ST-ZIP	Atlantic Beach, FL 32233		
TITLE		3.1 TITLE	Vice-President	☐ Change	XX Addition
NAME		3.2 NAME	Gypsy Y. Alexander		
STREET ADDRESS		3.3 STREET ADDRESS	2787 Lemans Court		
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082		
TITLE		4.1 TITLE	Treasurer	XX Change	☐ Addition
NAME		4.2 NAME	Norma Jean Hutcheson		
STREET ADDRESS		4.3 STREET ADDRESS	1301 Don Quixote Circle		
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Jacksonville, FL 32250		
TITLE		5.1 TITLE	Secretary	X Change	☐ Addition
NAME		5.2 NAME	Jill Cavin		
STREET ADDRESS		5.3 STREET ADDRESS	2412 Egrets Glade Dr		
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Jacksonville, FL 32224		
TITLE		6.1 TITLE		☐ Change	☐ 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)(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 with an asterisk.

SIGNATURE: _____ 2/6/95 904 285 4884
W. Sperry Lee, Jr./President
Name and Title — Date — Daytime Phone #

0400400 FP