


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 11 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # K75617 (6)</b> 1. Corporation Name <b>SLC REFERRAL AGENCY, INC.</b>					
Principal Place of Business <b>208 PONTE VEDRA PARK DRIVE 102 PONTE VEDRA BEACH FL 32082 US</b>			Mailing Address <b>P.O. BOX 1069 PONTE VEDRA BEACH FL 32004-1069 US</b>		
2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>03/27/1989</b> 3a. Date of Last Report <b>04/12/1996</b> 4. FEI Number <b>59-2052250</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>LEE, W. SPERRY J 208 PONTE VEDRA PARK DR., SUITE 102 PONTE VEDRA BEACH FL 32082</b>			10. Name and Address of New Registered Agent 81 Name <b>Keith Watson</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>208 Ponte Vedra Park Dr., Suite 102</b> 83 84 City <b>Ponte Vedra Beach</b> <b>FL</b> 85 Zip Code <b>32082</b>		
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 <b>Keith Watson</b> X <i>Keith Watson</i> DATE <b>3/13/97</b> (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)					
12. OFFICERS AND DIRECTORS 12.1 TITLE <b>D</b> 12.2 NAME <b>STOCKTON, JAMES R JR</b> 12.3 STREET ADDRESS <b>1300 PONTE VEDRA BLVD.</b> 12.4 CITY-ST-ZIP <b>PONTE VEDRA BEACH FL</b> <input type="checkbox"/> DELETE 12.5 TITLE <b>P</b> 12.6 NAME <b>LEE, W. S JR</b> 12.7 STREET ADDRESS <b>157 CAY WEST WAY</b> 12.8 CITY-ST-ZIP <b>PONTE VEDRA BEACH FL</b> <input checked="" type="checkbox"/> DELETE 12.9 TITLE <b>VP</b> 12.10 NAME <b>ALEXANDER, GYPSY Y</b> 12.11 STREET ADDRESS <b>2787 LEMANS COURT</b> 12.12 CITY-ST-ZIP <b>PONTE VEDRA BEACH FL</b> <input type="checkbox"/> DELETE 12.13 TITLE <b>T</b> 12.14 NAME <b>HUTCHESON, NORMA JEAN</b> 12.15 STREET ADDRESS <b>415 9TH AVENUE NORTH</b> 12.16 CITY-ST-ZIP <b>JACKSONVILLE BEACH FL</b> <input type="checkbox"/> DELETE 12.17 TITLE <b>S</b> 12.18 NAME <b>CAVIN, JILL</b> 12.19 STREET ADDRESS <b>2412 EGRETS GLADE DR</b> 12.20 CITY-ST-ZIP <b>JACKSONVILLE FL</b> <input type="checkbox"/> DELETE 12.21 TITLE <input type="checkbox"/> DELETE 12.22 NAME <input type="checkbox"/> DELETE 12.23 STREET ADDRESS <input type="checkbox"/> DELETE 12.24 CITY-ST-ZIP <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13.3 STREET ADDRESS <b>P</b> 13.4 CITY-ST-ZIP <b>McCarley, Victoria L. 1300 Ponte Vedra Blvd. Ponte Vedra Beach, FL 32082</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.5 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13.6 NAME <b>10969 Beach Blvd., #395</b> 13.7 STREET ADDRESS <b>Jacksonville, FL 32246</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.8 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.9 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.10 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.11 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.12 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.13 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.14 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.15 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
14. I do hereby certify that the information supplied with this filing 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 address. SIGNATURE: <i>Victoria L. McCarley</i> <b>3-7-97</b> <b>904-285-4684</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (9/96)