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

PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K756

1. Corporation Name
SLC REFERRAL AGENCY, INC.

(6)

FILED Apr 22 1998 8:00am Secretary of State

OLO III	EI GIIIAE AG	L1101) 1110·										
Principal Plac	ce of Business	Mailing Address					1 14010111 211 10321 211(0 01(0) 1151	1991 91811 91	816 8 1861 81911 B191			
	vedra Park Driv	P.O. BOX 1069										
102		PONTE VEDRA BEACH FL 32004										
PONTE VEDRA BEACH FL 32082 US				,			1	DO NOT WR		S SPACE		
									 Date Incorporated or Qualifie 03/27/1989 	d		
	Place of Business	2a. Mailing Address					4. FEI Number		Ar	plied For		
21			26					59-2 9 52250		No	t Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75	Additional	
22			27					5. Columbate of Glatos Desired		Fee Re	equired	
City & State			City & State					6. Election Campaign Financing	ı	\$5.00	May Be	
23			28				- 1	Trust Fund Contribution			to Fees	
Zip	ip Country		Zip Cou			ntry		8. This corporation owes or has paid the current year Intangible			angible	
24	25		29		30				Personal Property Tax due Ju	ine 30.	Yes [] No
		Address of Current	Registered .	Agent					10. Name and Address of New	Registere	d Agent	
W/	atson, Keith				J	81	Name				· · · · · ·	
208 PONTE VEDRA PARK DR., SUITE 102					ļ	-	Ctrond	All	(D O Day Alliant to Alex A	Anh In Y		
PONTE VEDRA BEACH FL 32082			, 102			82	Street	Address	s (P.O. Box Number is Not Accep	table)		
						83						
												- 1
						84	City	·		F	85 Zip	Code
Division		-10		6 FG-22- 6G-14		l					_	
office or	registered agent.	or both, in the State of	f Florida. Suc	ch change was a	authorized	vd b	the cord	corpora	ation submits this statement for the 's board of directors. I hereby ac	e purpose cent the at	ii gnignano to sa tnemtniogo	s registered registered
agent la	am familiar with, a	nd accept the obligat	ions of, Secti	on 607.05 05 , Flo	orida Stati	utes		po-240-	a search of the colorest the color, as	00 01 11 0 0		Tog. U.O. G.
SIGNATURE												
	Signature, typed or pri	nted name of registered agent			E: Registered	Age	nt signature	required v	when reinstating)	DATE		
12.	, n.	OFFICERS AND	DIRECTORS		13.			- N	ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECTOR	
TITLE	OTOCKTON	IAMEO D. ID		DELETE	1.1 TIT	LE		D V	P		XXXX hange	☐ Addition
NAME		JAMES R JR			1.2 NA	ME		1				
STREET ADDRESS 1300 PONTE VEDRA BLVD.			1.3 \$			REET.	ADDRESS					
CITY-ST-ZIP	PONTE VED	RA BEACH FL			1,4 CI1	IY-\$1	r- 21P	ŀ	_			
TITLE	P			DELETE	2.1 TIT	LE					☐ Change	Addition
NAME		VICTORIA L			2.2 NA	ME						
STREET ADDRESS	1300 PONT	E VEDRA BLVD			2.3 ST	REET	ADDRESS					
CITY-ST-ZIP	PONTE VED	ra Beach Fl			2. 4 CI	1Y-S	1-7IP					
TITLE	VP		···	DELETE	3.1 TIT				•		Change	Addition
NAME	ALEXANDER	, GYPSY Y		/ \	3.2 NA			1				_
STREET ADDRESS	2787 LEMAN						ADDRESS					
		RA BEACH FL			4							
CITY-ST-ZIP TITLE		· - · + + + · · · · · · · · · · · · · ·			3.4. CC	11-5	1-21	i.				Addition
	1 1			DELETE	₫ 1 Ti T	1 F			· · · · · · · · · · · · · · · · · · ·		Channe	
NAME	HUTCHESO	N. NORMA JEAN		DELETE	4.1 7)7		ĺ			<u>.</u>	Change	
ATAPPT ARREST		N, NORMA JEAN		DELETE	4. 2 NA	AME	10000555				Change	
STREET ADORESS	10969 BEAC	H BLVD, 395		DELETE	4. 2 NA 4.3 STI	AME Reet 1	address				Change	
CITY-ST-ZIP	10969 BEAC JACKSONVI			<u></u>	4. 2 NA 4.3 STI 4.4 CIT	AME REET : 'Y-ST						
CITY-ST-ZIP TITLE	10969 BEAC JACKSONVII 8	H BLVD, 395		DELETE	4. 2 NA 4.3 STI 4.4 CIT 5.1 TIT	AME REET : 'Y-ST LE					☐ Change	Addition
CITY-ST-ZIP TITLE NAME	10969 BEAC JACKSONVII 8 CAVIN, JILL	CH BLVD, 395 LLE BEACH FL		<u></u>	4. 2 NA 4.3 STI 4.4 CIT 5.1 TIT 5.2 NA	ame Reet i 'Y-st Le Me	'- ZIP					
CITY-ST-ZIP TITLE	10969 BEAC JACKSONVII 8 CAVIN, JILL 2412 EGRET	CH BLVD, 395 LLE BEACH FL CS GLADE DR		<u></u>	4. 2 NA 4.3 STI 4.4 CIT 5.1 TIT 5.2 NA	ame Reet i 'Y-st Le Me						
CITY-ST-ZIP TITLE NAME	10969 BEAC JACKSONVII 8 CAVIN, JILL	CH BLVD, 395 LLE BEACH FL CS GLADE DR		DELETE	4. 2 NA 4.3 STI 4.4 CIT 5.1 TIT 5.2 NA	AME PEET / Y-ST LE ME REET /	- ZIP ADDRESS				Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	10969 BEAC JACKSONVII 8 CAVIN, JILL 2412 EGRET	CH BLVD, 395 LLE BEACH FL CS GLADE DR		<u></u>	4. 2 NA 4.3 STI 4.4 CIT 5.1 TIT 5.2 NA 5.3 STI	AME Y-ST LE ME REET /	- ZIP ADDRESS					
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	10969 BEAC JACKSONVII 8 CAVIN, JILL 2412 EGRET	CH BLVD, 395 LLE BEACH FL CS GLADE DR		DELETE	4. 2 NA 4.3 STI 4.4 CIT 5.1 TIT 5.2 NA 5.3 STI 5.4 CIT	AME PEET / Y-ST LE ME REET / Y-ST	- ZIP ADDRESS				Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	10969 BEAC JACKSONVII 8 CAVIN, JILL 2412 EGRET	CH BLVD, 395 LLE BEACH FL CS GLADE DR		DELETE	4. 2 NA 4.3 STI 4.4 CIT 5.1 TIT 5.2 NA 5.3 STI 5.4 CIT 6.1 TIT 6.2 NA	AME PEET (Y-ST LE ME PEET (Y-ST LE ME	- ZIP ADDRESS				Change	☐ Addition

14. I 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 roport 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.