

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 # L14922 (3)

1. Corporation Name

S.L.E.W., INC.



Principal Place of Business

Mailing Address

% RICHARD M. KNELLINGER, ESQ.
2815 NW 13 ST. SUITE 305
GAINESVILLE FL 32609

% RICHARD M. KNELLINGER, ESQ.
2815 NW 13 ST. SUITE 305
GAINESVILLE FL 32609

2. Principal Place of Business

2a. Mailing Address

21 912 NW 13 ST
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State
23 Gainesville FL

27 City & State
28 Same

24 32601 Country
25 ALACHUA

29 Zip
30 Country

9. Name and Address of Current Registered Agent

KNELLINGER, RICHARD M., ESQ.
2815 NW 13 ST
SUITE 305
GAINESVILLE FL 32609

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

09/07/1989

3a. Date of Last Report

04/06/1995

4. FEI Number

59-2970094

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and date if applicable

12. Registered Agent Signature and printed name for statement

DATE

12. OFFICERS AND DIRECTORS

TITLE DVP ☐ DELETE

NAME ZACHOW, WILLIAM A.

STREET ADDRESS 1916 NW 27 TER

CITY-ST-ZIP GAINESVILLE FL

TITLE DP ☐ DELETE

NAME SAPP, EDWARD WILLIAM

STREET ADDRESS 5505 NW 91 BLVD

CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DESIGNATION

CR2E034 (12/95)