

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Lynne H. Murrain  
Secretary of State  
Tallahassee, Florida 32399

APPROVED  
AND  
FILED

95 MAY -1 AM 8:28

DOCUMENT # **P02910** (8)

**S&L FINANCIAL SERVICE CORP.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Principal Place of Business <b>2430 ESTANCIA SUITE 100 CLEARWATER FL 34621</b>		2. Mailing Address <b>2430 ESTANCIA SUITE 100 CLEARWATER FL 34621</b>		3. Date Incorporated or Qualified <b>08/02/1984</b>		3a. Date of Last Report <b>04/28/1994</b>	
2. President, Full or Part Owner <b>21</b>		2b. Mailing Address <b>26</b>		4. FEI Number <b>34-1433994</b>		Applied For Not Applicable	
State, Apt. # etc. <b>22</b>		State, Apt. # etc. <b>27</b>		5. Certificate of Status Desired <b>X</b>		<b>\$8.75 Additional Fee Required</b>	
City & State <b>23</b>		City & State <b>28</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
ZIP <b>24</b>		ZIP <b>29</b>		7. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

DO NOT WRITE IN THIS SPACE

9. Name and Address of Current Registered Agent <b>RUGGLES, THOMAS W 603 INDIAN ROCKS RD BELLEAIR FL 34616</b>				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 607.01(4)(c) 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 607.1508, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS BY 12	
OFFICER	NAME	1. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD TONE, Q, CRAIG 2719 COUNTRYSIDE BLVD CLEARWATER FL</b>	2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
OFFICER		5. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY, ST, ZIP		8. CITY, ST, ZIP	
OFFICER		9. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
OFFICER		13. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	

14. I, the filer, certify that the information supplied with this filing is voluntarily prepared and does not qualify for the exemption stated in Sections 119.03(1)(b), Florida Statutes. I further certify that the information included in this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this corporation or the receiver or trustee empowered to execute this report as required by Chapter 1997, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND PRINTED NAME OF HOLDING OFFICER OR DIRECTOR  
**Q. CRAIG TONE**

April 26, 1995  
813-799-1095