

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

CORPORATION
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Muthart
Secretary of State
(Tallahassee, Florida 32399)

APPROVED
AND
FILED

MAY - 1 1995 13

DOCUMENT # **P93000035399 (3)**

1. Corporation Name

SLT UNLIMITED, INC.

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

**120 EAST MILLER
SUITE 17
ORLANDO FL 32806**

3. Mailing Address

**P.O. BOX 568795
SUITE 17
ORLANDO FL 32856
US**

(DO NOT WRITE IN THIS SPACE)

3. Date of Incorporation (or 2nd Report)
05/17/1993

3a. Date of Last Report
07/06/1994

4. FIC Number
59-3189534

Applied Fee
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**

7. This corporation has liability for intangible tax under 1991 (382)
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21. State, Apt. #, etc.

22. City & State

23. Country

24. Zip

25. Country

2a. Mailing Address

26. State, Apt. #, etc.

27. City & State

28. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THOMAS, SHERRY L
120 EAST MILLER
SUITE 17
ORLANDO FL 32806**

B1. Name

B2. Street Address (P.O. Box Number is Not Acceptable)

B3.

B4. City

FL

B5. Zip Code

11. Pursuant to the provisions of Sections 607.01 and 607.02, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office as prescribed a part of both in the State of Florida. Said change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am aware of and accept the responsibility as designated in the Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995

NAME: **D THOMAS, SHERRY L**
STREET ADDRESS: **120 MILLER ST., STE. 17**
CITY: **ORLANDO**
STATE: **FL**
ZIP: **32806**

1. NAME ☐ Change ☐ Addition
2. NAME ☐ Change ☐ Addition
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18. NAME ☐ Change ☐ Addition
19. NAME ☐ Change ☐ Addition
20. NAME ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and checked equally for the corporation stated in Sections 607.01 and 607.02, 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 the officer or director of the corporation or the registered agent of the corporation to receive this report as required by a regulation of the Florida Statutes and that my name appears on Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: *Sherry L. Thomas Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHERRY L. THOMAS

4/30/95 (407) 872 124

