**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400000046

S.L.B. ENTERPRISES, INC.

|              | 4      | On the last of the |
|--------------|--------|--|
| Principal Pl | ace or | Business   |

244 N. RIDGEWOOD AVE. DAYTONA BEACH FL 32114 Mailing Address

244 N. RIDGEWOOD AVE. DAYTONA BEACH FL 32114

## FILED May 27, 1999 8:00 am Secretary of State

05-27-1999 90010 042 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

|   |  |   |                         |   | 3. Date Incorporated or Qualifed  |  | ľ                            |  |
|---|--|---|-------------------------|---|---|--|------------------------------|--|
|   |  |   |                         |   | 12/30/1993  | _  |                              |  |
|   | lace of Business   | 2a. Mailing Address                     |                         | 1   | 4. FEI Number   |  | Applied For                  |  |
| 21 /09 5  | RINGEWOOD AVE  | 26 609 S. RIDGE                         | 4000                    | HYE   | - 59-3216986  | Ш  | Not Applicable               |  |
| Suite, Apt.   |  | Suite, Apt. #, etc.                     |                         |   | 5. Certificate of Status Desired  | • -                                      | 5 Additional<br>Required     |  |
| City & State  DAYTONA BEACH, FL  28 DAYTONA BEACH, FL |  |   | FZ                      | 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees |   |  |                              |  |
| Zip<br>24 <b>3</b> 2  | Country 25   | zip<br>29 32//4 30                      | Country                 |   | This corporation owes the current year Intanger     Personal Property Tax.                                      | gible<br>☐ Yes                           | □No                          |  |
|   | 9. Name and Address of Current   | <u> </u>                                | <u> </u>                |   | 10. Name and Address of New Registered Ag   | jent                                     |                              |  |
|   |  |   | 81                      | Name  |   |  |                              |  |
| Loucks, William e<br>444 Seabreeze BlVD.  |  |   | 82                      | 82 Street Address (P.O. Box Number is Not Acceptable)                               |   |  |                              |  |
|   | E 900  |   | 83                      |   |   |  |                              |  |
|   | TONA BEACH FL 32118  |   | 63                      |   |   |  | ı                            |  |
|   |  |   | 84                      | City  | FL  |  | ip Code                      |  |
| office or r   | to the provisions of Sections 607.0502 egistered agent, or both, in the State or mailiar with, and accept the obligation | i Florida. Such change was auth         | norized by              | the corpora   | orporation submits this statement for the purpose of chation's board of directors. I hereby accept the appointn | anging<br>nent as                        | its registered<br>registered |  |
| SIGNATURE   | Signature, typed or printed name of registered agent   | and title if applicable. (NOTE. Re      | egistered Ager          | nt signature requ   | ured when reinstating) DATE   |  |                              |  |
| 12.   | OFFICERS AND   | DIRECTORS                               | 13.                     |   | ADDITIONS/CHANGES TO OFFICERS AND   | DIREC                                    | TORS IN 12                   |  |
| TITLE   | P  | ☐ DELETE                                | 1,1 TITLE               |   |   | Chang                                    | ge 🗌 Addition                |  |
| NAME  | BABCOCK, SHARON L.   |   | 12 NAME                 |   |   |  |                              |  |
| STREET ADDRESS  | 244 N RIDGEWOOD AVE  |   | 1.3 STREET              | ADDRESS   |   |  |                              |  |
| CITY-ST-ZIP   | DAYTONA BEACH FL   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 1.4 CITY-S              | T-ZIP   |   |  |                              |  |
| TITLE   | VT   | ☐ DELETE                                | 2.1 TITLE               |   |   | Chang                                    | ge 🔲 Addition                |  |
| NAME  | BERT D. THOMPSON   |   | 2.2 NAME                |   |   |  |                              |  |
| STREET ADDRESS  | 165 MADISON AVE  |   | 2.3 STREET              | ADDRESS   |   |  |                              |  |
| CITY-ST-ZIP   | DAYTONA BEACH FL   |   | 2. 4 CITY-S             | T-ZIP   |   |  |                              |  |
| TITLE   |  | ☐ DELETE                                | 31 TITLE                | ļ   | L   | Chang                                    | ge Addition                  |  |
| NAME  |  |   | 3.2 NAME                |   |   |  |                              |  |
| STREET ADDRESS  |  |   | 3.3 STREE               | FADDRESS  |   |  |                              |  |
| CITY-ST-ZIP   |  | O DELETE                                | 3.4. CITY-S             | IT-ZIP  |   | □ Ches                                   | no DAddition                 |  |
| TITLE   |  | ☐ DELETE                                | 4.1 TITLE               |   | L   | Chang                                    | ge 🗌 Addition                |  |
| NAME  |  |   | 4 2 NAME                |   |   |  |                              |  |
| STREET ADDRESS  |  |   |                         | T ADDRESS   |   |  |                              |  |
| CITY-ST-ZIP   | ļ  | DELETE                                  | 4.4 CITY-S<br>5.1 TITLE | T-ZIP   |   | Chang                                    | ge Addition                  |  |
| TITLE   |  | ☐ bereie                                | 5.1 HILE<br>5.2 NAME    |   |   | <eu <="" td=""><td>,~ <u> </u></td></eu> | ,~ <u> </u>                  |  |
| NAME  |  |   | 5.3 STREE               | T ADDRESS   |   |  |                              |  |
| STREET ADDRESS  |  |   | 5.4 CITY-S              |   |   |  |                              |  |
| CITY-ST-ZIP   |  | ☐ DELETE                                | 6.1 TITLE               | 1-217   |   | Chang                                    | e Addition                   |  |
| TITLE   |  | ☐ here(e                                | 6.2 NAME                |   | L   | c.iau                                    | je                           |  |
| NAME  |  |   | 6.3 STREET              | T ADDRESS   |   |  |                              |  |
| STREET ADDRESS  |  |   |                         | 1   |   |  |                              |  |
| CITY-ST-ZIP   |  |   | 6.4 CITY-S              | I-ZIP   |   |  |                              |  |

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 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, with all other like empowered.

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