

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000015590 (9)

1. Corporation Name

SLATON INSURANCE OF ORLANDO, INC.



Principal Place of Business

Mailing Address

~~MENDOZA, CALLAS & SCHILLING~~
~~251 ROYAL PALM WAY, 6TH FLOOR~~
~~PALM BEACH FL 33480~~
~~US~~

MENDOZA, CALLAS & SCHILLING
251 ROYAL PALM WAY, 6TH FLOOR
PALM BEACH FL 33480
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/21/1995

4. FEI Number

59-3301204

Applied For

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 208 Live Oak Blvd

Suite, Apt. #, etc.

22

City & State

23 Casselberry FL

Zip

24 32707

Country

25 USA

2a. Mailing Address

26 P.O. BOX 0878

Suite, Apt. #, etc.

27

City & State

28 CASSELBERRY FL

Zip

29 32707

Country

30 USA

9. Name and Address of Current Registered Agent

DE MENDOZA, MARIO G III
251 ROYAL PALM WAY
6TH FLOOR
PALM BEACH FL 33480

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 607.0502 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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE AS
NAME DE MENDOZA, MARIO G
STREET ADDRESS 251 ROYAL PALM WAY, 6TH FLOOR
CITY-ST-ZIP PALM BEACH FL

☐ DELETE

TITLE PT
NAME GILBERT, ROBERT
STREET ADDRESS 251 ROYAL PALM WAY, 6TH FLOOR
CITY-ST-ZIP PALM BCH FL

☐ DELETE

TITLE VPSD
NAME BREEDLOVE, JAMES L.
STREET ADDRESS 251 ROYAL PALM WAY, 6TH FLOOR
CITY-ST-ZIP PALM BCH FL

☐ DELETE

TITLE AS
NAME WILKINSON, DEBRA
STREET ADDRESS 251 ROYAL PALM WAY, 6TH FLOOR
CITY-ST-ZIP PALM BCH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 135.07(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.

SIGNATURE

James L. Breedlove, V. Pres.

561-683-8383

CR2E034 (10/97)