

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90051 013 ***150.00

DOCUMENT # P95000015590

1. Corporation Name

SLATON INSURANCE OF ORLANDO, INC.

Principal Place of Business

208 LIVE OAK BLVD.
CASSELBERRY FL 32707
US

Mailing Address

P.O. BOX 0878
CASSELBERRY FL 32707
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 P.O. BOX 3857

27 Suite, Apt. #, etc.

28 WEST PALM BCH, FL
29 33402 30 USA

3. Date Incorporated or Qualified

2/21/1995

3a. Date of Last Report

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 has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

TITLE VP SD ☐ DELETE
NAME BREEDLOVE, JAMES L.
STREET ADDRESS 251 ROYAL PALM WAY, 6TH FLOOR
CITY-ST-ZIP PALM BEACH FL

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

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Robert Gilbert, Pres.
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME James L. Breedlove, V.P., D
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME LAURA NELSON, Sec/Treas
5.3 STREET ADDRESS 251 ROYAL PALM WAY, 6TH FLOOR
5.4 CITY-ST-ZIP PALM BEACH FL

6.1 TITLE ☐ Change ☐ Addition
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

LAURA NELSON 4/30/99 561-683-8383

Date

Daytime Phone #