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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000097486 (1)

1. Corporation Name

SLADE FAMILY, INCORPORATED



Principal Place of Business

6699 MT. VERNON DRIVE
MELROSE FL 32666

Mailing Address

6699 MT. VERNON DRIVE
MELROSE FL 32666

3. Date Incorporated or Qualified

12/19/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'BRIEN, FLORA SLADE
6699 MT. VERNON DRIVE
MELROSE FL 32666

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 date of filing)

(NOTE: Registered Agent's signature is required when filing this statement.)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D
WHELCHER, SUSAN S
STREET ADDRESS
2830 BANYAN BLVD., CIRCLE N.W.
CITY-ST-ZIP
BOCA RATON FL 33431

TITLE ☐ DELETE

NAME
D
SAWYER, JOANNE S
STREET ADDRESS
7916 QUAILWOOD DRIVE
CITY-ST-ZIP
JACKSONVILLE FL 32256

TITLE ☐ DELETE

NAME
D
O'BRIEN, FLORA S
STREET ADDRESS
6699 MT. VERNON DRIVE
CITY-ST-ZIP
MELROSE FL 32666

TITLE ☐ DELETE

NAME
D
SLADE, T.H. JR
STREET ADDRESS
2199 ASTOR STREET #107
CITY-ST-ZIP
ORANGE PARK FL 32073

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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: Flora S. O'Brien

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-96

352-475-5788

Date

Telephone #

CR2E034 (12/95)