FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
Mar 24 1997 8:00am
Secretary of State

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 32666-8846

2. Principal Place of Business	2a. Mailing Address
21 925 Beverly Harbors Drive	26 925 Beverly Harbors Drive
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Leesburg, FL	City & State 28 Leesburg, FL
Zip 24 34748 / Country 25 USA	Zip 29 34748 / Country 30 USA

3. Date Incorporated or Qualified: 12/19/1995
3a. Date of Last Report: 04/27/1996
4. FEI Number: APPLIED FOR 59-3372404 ☐ 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
O'BRIEN, FLORA SLADE
6699 MT. VERNON DRIVE
MELROSE FL 32666

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 925 Beverly Harbors Drive
83
84 City Leesburg FL 85 Zip Code 34748

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	D	☐ DELETE
NAME	WHELCHEL, SUSAN S	
STREET ADDRESS	2830 BANYAN BLVD., CIRCLE N.W.	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	☐ DELETE
NAME	SAWYER, JOANNE S	
STREET ADDRESS	7916 QUAILWOOD DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	D	☐ DELETE
NAME	O'BRIEN, FLORA S	
STREET ADDRESS	6699 MT. VERNON DRIVE	
CITY-ST-ZIP	MELROSE FL 32666	
TITLE	D	☐ DELETE
NAME	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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☐ Change ☒ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VP	☐ Change ☒ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	S/T	☒ Change ☒ Addition
3.2 NAME		
3.3 STREET ADDRESS	925 Beverly Harbors Drive	
3.4 CITY-ST-ZIP	Leesburg, FL 34748	
4.1 TITLE	VP	☐ Change ☒ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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.

SIGNATURE: Flora S. O'Brien Flora S. O'Brien 3.18.97 352-326-9451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/96)