

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000097486

1. Corporation Name

SLADE FAMILY, INCORPORATED

Principal Place of Business

925 BEVERLY HARBORS DR
LEESBURG FL 34748
US

Mailing Address

925 BEVERLY HARBORS DR
LEESBURG FL 34748
US

FILED
Feb 13, 1999 8:00 am
Secretary of State

02-13-1999 90018 010 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1995

4. FEI Number

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

O'BRIEN, FLORA SLADE
925 BEVERLY HARBORS DR
LEESBURG FL 34748

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code
FL

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 | DP | <input type="checkbox"/> DELETE |
| NAME | WHELCHER, SUSAN S | |
| STREET ADDRESS | 2830 BANYAN BLVD., CIRCLE N.W. | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | DVP | <input type="checkbox"/> DELETE |
| NAME | SAWYER, JOANNE S | |
| STREET ADDRESS | 7916 QUAILWOOD DRIVE | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | DST | <input type="checkbox"/> DELETE |
| NAME | O'BRIEN, FLORA S | |
| STREET ADDRESS | 925 BEVERLY HARBORS DR | |
| CITY-ST-ZIP | LEESBURG FL | |
| TITLE | DVP | <input type="checkbox"/> DELETE |
| NAME | SLADE, T.H. JR | |
| STREET ADDRESS | 2199 ASTOR STREET #107 | |
| CITY-ST-ZIP | ORANGE PARK FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-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.

SIGNATURE: Flora S. O'Brien Flora S. O'Brien 1-26-99 352-326-9431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)