

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  
Apr 24 1997 8:00am  
Secretary of State

DOCUMENT # P96000102127 (3)

1. Corporation Name

SALIE ENTERPRISES, INC.



Principal Place of Business

815 GAY STREET  
TALLAHASSEE FL 32304

Mailing Address

POST OFFICE BOX 390  
TALLAHASSEE FL 32302-0390

3. Date Incorporated or Qualified

12/18/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-3417423

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

BIELBY, LORENCE JON ESQ.  
GREENBERG, TRAUIG, HOFFMAN, ET AL  
101 E. COLLEGE AVENUE  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

DOUGLAS SALIE

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

1133 MARION AVE

83

84 City

TALLAHASSEE

FL

85

Zip Code

32303

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)

4-19-97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME SALIE, DOUGLAS ROBERT  
STREET ADDRESS 1133 MARION AVENUE  
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE ☐ DELETE  
NAME SALIE, ROBERT DOUGLAS  
STREET ADDRESS 5151 SUNCIRCLE  
CITY-ST-ZIP SARASOTA FL 34234

TITLE ☐ DELETE  
NAME SALIE, GAIL COLEY  
STREET ADDRESS 5151 SUNCIRCLE  
CITY-ST-ZIP SARASOTA FL 34234

TITLE ☐ DELETE  
NAME SALIE, LOREI WELLS  
STREET ADDRESS 1133 MARION AVENUE  
CITY-ST-ZIP TALLAHASSEE FL 32303

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

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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:

SIGNATURE

DOUGLAS SALIE

4-19-97

904.566.0555

CR2E034 (9/96)