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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90169 032 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # S10311

1. Corporation Name

SLATON ENTERPRISES, INC.

Principal Place of Business

Mailing Address

4184 SO THIRD ST
STE 7
JACKSONVILLE BEACH FL 32250
US

% 1920 SAN MARCO BLVD.
JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1990

2. Principal Place of Business

2a. Mailing Address

21 330 AIA NORTH

26

4. FEI Number

38-2956828

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 301

27

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23 PONTE VEDRA, FLA

28

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 32082 25 USA

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KATTMAN, JOHN F.
1920 SAN MARCO BLVD.
JACKSONVILLE FL 32207

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SLATON, CHARLES R.	
STREET ADDRESS	9938 DEERCREEK CLUB RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	SLATON, SHARA GAYLE	
STREET ADDRESS	9938 DEERCREEK CLUB RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HOZA, BONNY R	
STREET ADDRESS	169 SEA ISLAND DR	
CITY-ST-ZIP	PONTE VEDRA BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input checked="" 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:

CHARLES R. SLATON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-99

Date

9045431372

Daytime Phone #

CR2E034 (11/98)