

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # V36918

1. Entity Name
G & C SLATON ENTERPRISES, INC.



Principal Place of Business
GENERAL RENTAL CENTER
2327 E SEMORAN BLVD
APOPKA, FL 32703 US

Mailing Address
186 TIMTAM COURT
LAKE MARY, FL 32746

FILED

07 SEP 21 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09102007

Chg-P

CR2E034 (12/06)

4. FEI Number

59-3123162

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SLATON, GARY
186 TIMTAM COURT
LAKE MARY, FL 32746

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPT	<input checked="" type="checkbox"/> Delete
NAME	SLATON, GARY	
STREET ADDRESS	186 TIMTAM COURT	
CITY-ST-ZIP	LAKE MARY, FL	
TITLE	DVPS	<input checked="" type="checkbox"/> Delete
NAME	SLATON, CLAUDIA	
STREET ADDRESS	186 TIMTAM COURT	
CITY-ST-ZIP	LAKE MARY, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frank C Beardsley IV	
STREET ADDRESS	837 Towering oak way	
CITY-ST-ZIP	Apopka, FL 32712	
TITLE	D/V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shelley Lynn Graf-Beardsley	
STREET ADDRESS	837 Towering oak way	
CITY-ST-ZIP	Apopka, FL 32712	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Frank C Beardsley IV

Frank C Beardsley IV