

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V55926 1. Corporation Name

SLH COS., INC.

Principal Place of Business 757 HIGHWAY 98 EAST SUITE 14-277 DESTIN FL 32541 Mailing Address

757 HIGHWAY 98 EAST SUITE 14-277 DESTIN FL 32541

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90020 005 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

08/07/1992

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2. Principal P	Place of Business	2a.	. Mailing Address				4. FEI Number	A	pplied For
21		26					59-3137464	N	lot Applicable
	#, etc	 -	Suite, Apt. #, etc.:	· •	-	_ * =-	5. Certificate of Status Desired	\$8.75	Additional *
22		27					5. Certifcate of Status Desired	Fee P	Required
City & Stat	te	1	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28	-				Trust Fund Contribution		to Fees
Zip	Country	11	Zip	Countr	y		8. This corporation owes the current year Intan	gible	
24	25	29	3	10				Yes	□No
24	9. Name and Address of Curren	1.0.0		- -			10. Name and Address of New Registered Ag	ent	
		-		81	1 1	Name			
KEIFER, BRYAN J.					DD Ct. at Address (D.C. Down), here in New Accompanie)				
126 N.E. EGLIN FT. WALTON BCH FL 32548					82 Street Address (P.O. Box Number is Not Acceptable) 83				
				84	\$ (City	FL	85 Zip	Code
					Ш,	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations.	of Flori	da. Such change was aut	horized by	y the	amed corpor e corporation	ration submits this statement for the purpose of ch i's board of directors. I hereby accept the appointment	anging it nent as r	s registered egistered
SIGNATURE									
	Signature, typed or printed name of registered ager			- -	ent sk	gnature required v		DIDECT	OD0 IN 40
12.	OFFICERS AN	D DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AND	•	
TITLE	D		☐ DÉLÉTE	1.1 TITLE			L	Change	Addition
NAME	HARDING, MARTHA C.			1.2 NAME		}			
STREET ADDRESS				1.3 STREE	ET AD	DDRESS			
CITY-ST-ZIP	DESTIN FL			1.4 CITY-	ST-Z	DP			
TITLE	D		☐ DELETE	2.1 TITLE				Change	Addition
NAME	HARDING, STEVEN L			2.2 NAME		}			
STREET ADDRESS	757 LBAN OO F #44 450			2.3 STREE	FTAD	OORESS	·		
	DESTIN FL 32541			2. 4 CITY-		- 1	•		-
CITY-ST-ZIP TITLE	0201		☐ DELETE	3.1 TITLE		"		Change	Addition
	1			3.2 NAME		}	•		_
NAME									
STREET ADDRESS	1			3.3 STREE		1			
CITY-ST-ZIP			□ se cre	3.4. CITY-		ZIP		Change	Addition
TITLE	1.0		☐ DELETE	4.1 TITLE		}	,	T cuanda	
NAME				4, 2 NAME					
STREET ADDRESS	:			4.3 STRE	ET AD	ODRESS			
CITY-ST-ZIP				4.4 CITY-	ST-Z	IP			
TITLE			☐ DELETE	5.1 TITLE	-	1	ĭ	Change	Addition
NAME				5.2 NAME		-			
STREET ADDRESS				5.3 STREI	ET AC	ODRESS			
CITY-ST-ZIP				5.4 CITY-	ST-Z	:IP			
TITLE		-	☐ DELETE	6.1 TITLE				Change	Addition
				6.2 NAME				•	
NAME				6.3 STREE		DDRESS			
STREET ADDRESS	"[·			
CITY-ST-7IP				6.4 CITY-	SI-Z	3F \			

14. Thereby 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 that my name address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99

(850) 664-4340

Daytime Phone

CR2E034 (11/98)