

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -3 PM 5:18

DOCUMENT # **V59923** (5)
1. Corporation Name
S.L.C., INC.

Principal Place of Business
**1533 NW AVENUE L
BELLE GLADE FL 33430
US**

Mailing Address
**1533 NW AVENUE L
BELLE GLADE FL 33430
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
08/21/1992

3a. Date of Last Report
03/21/1994

21. 1533 NW AVENUE L Suite, Apt. #, etc.	26. 1324 S MAIN ST Suite, Apt. #, etc.	4. FEI Number 65-0359932	Applied For Not Applicable
22. City & State	27. Belle Glade, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip FL 33430	25. Country	29. FL 33430	30. USA

9. Name and Address of Current Registered Agent HILL, HOWARD E. 1533 N.W. AVENUE L BELLE GLADE FL 33430		10. Name and Address of New Registered Agent	
81. Name CALVIN D. ALSTON	82. Street Address (P.O. Box Number is Not Acceptable) 1324 S. MAIN ST.	83.	84. City Belle Glade
			85. Zip Code FL 33430

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 *Calvin D. Alston* DATE **3-28-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PO	NAME HILL, HOWARD E.	1.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 157 NW 16TH ST	CITY - ST - ZIP BELLE GLADE FL	1.2 NAME CALVIN D. ALSTON	
		1.3 STREET ADDRESS 1324 S MAIN ST	
		1.4 CITY - ST - ZIP Belle Glade, FL 33430	
TITLE S	NAME MILLER, MONA L.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 800 SW 16TH ST.	CITY - ST - ZIP BELLE GLADE FL	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated in 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, the owner 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 of this report, or on an attachment with my signature.

SIGNATURE: *H.E. Hill* DATE: **3-28-95** FILE NUMBER: **407-996-4524**