

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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
**1324 S. MAIN STREET
BELLE GLADE FL 33430
US**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 **1533 NW Ave L**
27 Suite, Apt. #, etc.
28 **Belle Glade, FL**
29 Zip
30 **33430 US**

3. Date Incorporated or Qualified
08/21/1992

3a. Date of Last Report
04/03/1995

4. FEI Number
65-0359932

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

~~ALSTON, CALVIN D
1324 S. MAIN STREET
BELLE GLADE FL 33430~~

10. Name and Address of New Registered Agent
81 Name **THOMAS MONTGOMERY**
82 Street Address (P.O. Box Number is Not Acceptable)
**1 SE Ave E
PO Box 1510**
83 City
BELLE Glade **FL** 85 Zip Code
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5-7-96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HILL, HOWARD E.	
STREET ADDRESS	157 NW 16TH ST	
CITY-ST-ZIP	BELLE GLADE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, MONA L.	
STREET ADDRESS	800 SW 16TH ST.	
CITY-ST-ZIP	BELLE GLADE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ALSTON, CALVIN D	
STREET ADDRESS	1324 S. MAIN STREET	
CITY-ST-ZIP	BELLE GLADE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Edwards, Nathaniel	
1.3 STREET ADDRESS	732 SW McCurdy Dr.	
1.4 CITY-ST-ZIP	Belle Glade, FL 33430	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Edwards, Armetee	
2.3 STREET ADDRESS	732 SW McCurdy Dr.	
2.4 CITY-ST-ZIP	Belle Glade, FL 33430	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Nathaniel Edwards** **NATHANIEL EDWARDS** **5/7/96** **(407) 996-4544**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (12/95)