

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 613181 (7)

1. Corporation Name

JIM SWANN DEVELOPMENT CORP.



Principal Place of Business

402 HIGH POINT DR.
PO BOX 3767
COCOA FL 32926

Mailing Address

402 HIGH POINT DR.
PO BOX 3767
COCOA FL 32926

3. Date Incorporated or Qualified
03/16/1979

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

4. FEI Number
59-1901289

Applied For
Not Applicable

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWANN, JIM
402 HIGH POINT DR.
COCOA FL 32926

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 607.0602 and 607.1503, 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 607.0602, Florida Statutes.

SIGNATURE

Signature of person submitting this statement to the Department of State

Signature of Registered Agent (Signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE
NAME PD
STREET ADDRESS SWANN, JIM
CITY-STATE-ZIP 402 HIGH POINT DR.
COCOA, FL 00000

2. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

3. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

2. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

3. TITLE ☐ Change ☐ Addition
3. NAME
4. STREET ADDRESS
5. CITY-STATE-ZIP

4. TITLE ☐ Change ☐ Addition
4. NAME
5. STREET ADDRESS
6. CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition
5. NAME
6. STREET ADDRESS
7. CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jim Swann

2/07/96

407/632-4710

CR2E034 (12/95)