

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

02-22-1999 90012 023 ***150.00

DOCUMENT # 692956

1. Corporation Name

SWILLEY CURTIS MUNDY ASSOCIATES ARCHITECTS INC.

Principal Place of Business
1036 SOUTH FLORIDA AVENUE
LAKELAND FL 33803

Mailing Address
1036 SOUTH FLORIDA AVENUE
LAKELAND FL 33803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1981

4. FEI Number

59-2105504

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

SWILLEY, ROBERT H
1036 SOUTH FLORIDA AVENUE
LAKELAND, FL
33803

10. Name and Address of New Registered Agent

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 607.0502 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD

SWILLEY, ROBERT H

3202 CARLETON PLACE

LAKELAND FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VSTD

CURTIS, JOHN R

441 WEST PALM DRIVE

LAKELAND FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V

MUNDY, BENJAMIN F JR

157 SCOTTSDALE LOOP

LAKELAND FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V

HUNNICUTT, C KEITH

1825 OLEANDER DRIVE

AVON PARK FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V

ANDERSON, EMORY A JR

4026 SUGAR CREEK LANE

LAKELAND FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☒ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☒ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I hereby 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)