



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

REPUBLICAN  
AFFILIATED

1995



DEPARTMENT OF STATE

SECRETARY OF STATE

1000 BANKERS BUILDING

JACKSONVILLE, FLORIDA 32203

DOCUMENT # 819862

(4)

SWISHER INTERNATIONAL, INC.

APPROVED

1995

09/08/1996

04/27/1994

459 EAST 16TH STREET  
P.O. BOX 2230  
JACKSONVILLE FL 32203

459 EAST 16TH STREET  
P.O. BOX 2230  
JACKSONVILLE FL 32203

|    |    |
|----|----|
| 21 | 26 |
| 22 | 27 |
| 23 | 28 |
| 24 | 29 |
| 25 | 30 |

|                                |                                |
|--------------------------------|--------------------------------|
| 3. Date of Application         | 3a. Date of Last Report        |
| 09/08/1996                     | 04/27/1994                     |
| 4. Filing Number               | Agency Fee                     |
| 59-1150320                     | Not Applicable                 |
| 5. Additional Fee Required     | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing | \$5.00 May Be Added to Fees    |
| 7. Election Campaign Financing | Not Applicable                 |
| 8. Election Campaign Financing | Not Applicable                 |

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

|                                            |    |
|--------------------------------------------|----|
| 81. Name                                   |    |
| 82. Street Address of New Registered Agent |    |
| 83. City                                   |    |
| 84. State                                  | FL |
| 85. Zip Code                               |    |

11. I, the undersigned, being duly sworn, depose and say that the foregoing is a true and correct statement of the facts and circumstances as to the registration of the above named agent, and that the same is true and correct to the best of my knowledge and belief.

| 12. Name                                                       | 13. Address |
|----------------------------------------------------------------|-------------|
| P<br>MANN, TIMOTHY<br>459 E. 16TH. ST.<br>JACKSONVILLE FL<br>V |             |
| FRALEIGH, JOHN E.<br>459 E. 16TH. ST.<br>JACKSONVILLE FL<br>V  |             |
| AMATO, JUSTO S.<br>459 E. 16TH. ST.<br>JACKSONVILLE FL<br>V    |             |
| CEVERA, NICHOLAS J.<br>459 E. 16TH. ST.<br>JACKSONVILLE FL     |             |

14. I, the undersigned, being duly sworn, depose and say that the foregoing is a true and correct statement of the facts and circumstances as to the registration of the above named agent, and that the same is true and correct to the best of my knowledge and belief.

SIGNATURE:

*Edward P. Norris*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNOR (PLEASE PRINT OR TYPE)

V.P. & CFO

Edward P. Norris

4/28/95

(203) 356-9000

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

CORPORATION  
ANNUAL REPORT  
1995



STATE OF TENNESSEE  
DEPARTMENT OF REVENUE  
NASHVILLE, TENNESSEE 37243-0001

DOCUMENT # 821635

(0)

SIR GOONY GOLF OF ST PETERSBURG INC

RECEIVED  
JUN 1 1995

FILED  
JUN 1 1995

ST. PETERSBURG, FLORIDA

5954 BRAINERD ROAD  
CHATTANOOGA TENNESSEE 37421

5954 BRAINERD ROAD  
CHATTANOOGA TENNESSEE 37421

DO NOT WRITE IN THIS SPACE

|                                                                     |                            |
|---------------------------------------------------------------------|----------------------------|
| 3. Corporation's Fiscal Year End                                    | 3a. Date of Last Report    |
| 07/10/1968                                                          | 09/02/1994                 |
| 4. EIN Number                                                       | Applied For                |
| 59-1216453                                                          | Not Apply                  |
| 5. Certificate of Status Desired                                    | \$8.75 Additl Fee Required |
|                                                                     |                            |
| 6. Election to S Corporatg Treatment                                | \$5.00 Ma Added to Fe      |
|                                                                     |                            |
| 8. This corporation has liability for ad valorem tax under 13-1-101 |                            |
|                                                                     |                            |

|                             |                     |
|-----------------------------|---------------------|
| 2. Principal Officer's Name | 2a. Mailing Address |
| 21                          | 26                  |
| 22                          | 27                  |
| 23                          | 28                  |
| 24                          | 29                  |
| 25                          | 30                  |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'DELL, ELIZABETH MAGRATH  
708 S. OCEAN DRIVE  
FT. PIERCE FL 34949

|                                                       |
|-------------------------------------------------------|
| 81. Name                                              |
| 82. Street Address (P.O. Box Numbers, Not Applicable) |
| 83                                                    |
| 84. City                                              |
| FL 85. Zip Code                                       |

11. I, the undersigned, being duly sworn, depose and say that the above information is true and correct to the best of my knowledge and belief, and I am not aware of any information that would cause me to believe that the above information is not true and correct.

Subscribed by X

|                                                                                                                                                                                                                 |                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| 12. Name and Address of Registered Agent                                                                                                                                                                        | 13. Name and Address of Officer or Director |
| PT<br>MAGRATH, E.K., JR.<br>5954 BRAINERD ROAD<br>CHATTANOOGA TN<br>S<br>MAGRATH, E K III<br>5954 BRAINERD ROAD<br>CHATTANOOGA TN 37421<br>D<br>O'DELL, ELIZABETH M<br>708 S. OCEAN DRIVE<br>FT PIERCE FL 34949 |                                             |

14. I, the undersigned, being duly sworn, depose and say that the above information is true and correct to the best of my knowledge and belief, and I am not aware of any information that would cause me to believe that the above information is not true and correct.

SIGNATURE:

*E. K. Magrath, Jr.*  
SUBSCRIBED AND SIGNED ON PUBLIC NAME OF REGISTERED AGENT OR DIRECTOR