

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

APPROVED
AND
FILED

95 MAY -1 PM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H92262 (5)

1. Corporation Name

WILLIAM H. SWAN & SONS, INCORPORATED

Principal Place of Business

2336 LIBERTY ST.
P.O. BOX 3256
JACKSONVILLE FL 32206

Mailing Address

2336 LIBERTY ST.
P.O. BOX 3256
JACKSONVILLE FL 32206

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/20/1985

3a. Date of Last Report

03/04/1994

4. FEI Number

59-2629148

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

HEEKIN, ROBERT A.
200 LAURA STREET
JACKSONVILLE FL 32201-0240

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 must be printed name of registered agent and the agent's signature

(NOTE: Registered Agent signature required when terminating)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	ST
NAME	THOMPSON, GAIL E.
STREET ADDRESS	1330 AZALEA GARDEN RD.
CITY, ST, ZIP	NORFOLK VA
TITLE	P
NAME	REHDER, ROBERT B.
STREET ADDRESS	1330 AZALEA GARDEN RD.
CITY, ST, ZIP	NORFOLK VA
TITLE	V
NAME	JACKSON, LARRY, R
STREET ADDRESS	2336 LIBERTY ST.
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	DELETE
14 CITY, ST, ZIP	
21 TITLE	☒ Change ☐ Addition
22 NAME	PST
23 STREET ADDRESS	REHDER, ROBERT B.
24 CITY, ST, ZIP	1330 AZALEA GARDEN RD.
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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:

Larry R. Jackson

LARRY JACKSON

April 28, 95

904-358-7605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number