

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J37711 (5)**

1. Corporation Name  
**SWANSON & ASSOCIATES, INC.**



Principal Place of Business: **2635 LINKS END ROSWELL GA 30076**  
Mailing Address: **2635 LINKS END ROSWELL GA 30076**

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country; 25  
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30  
g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified: **10/06/1986**  
3a. Date of Last Report: **04/27/1995**  
4. FEI Number: **59-2727396**  
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  
10. Name and Address of New Registered Agent

**WARES, WILLIAM A.  
609 WEST AZEELE STREET  
TAMPA FL 33606**

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 607.1504, 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. The city accepts the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0504, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|   |                                |                                 |
|---|--------------------------------|---------------------------------|
| 12.1 TITLE: <b>PD</b>                             | NAME: <b>SWANSON, DAVID</b>    | <input type="checkbox"/> DELETE |
| 12.2 STREET ADDRESS: <b>2635 LINKS END</b>        |                                |                                 |
| 12.3 CITY, ST, ZIP: <b>ROSWELL GA</b>             |                                |                                 |
| 12.4 TITLE: <b>STD</b>                            | NAME: <b>SWANSON, KIMBERLY</b> | <input type="checkbox"/> DELETE |
| 12.5 STREET ADDRESS: <b>4514 FERNCROFT CIRCLE</b> |                                |                                 |
| 12.6 CITY, ST, ZIP: <b>TAMPA FL</b>               |                                |                                 |
| 12.7 TITLE: <b>VD</b>                             | NAME: <b>SWANSON, JOAN</b>     | <input type="checkbox"/> DELETE |
| 12.8 STREET ADDRESS: <b>4514 FERNCROFT CIRCLE</b> |                                |                                 |
| 12.9 CITY, ST, ZIP: <b>TAMPA FL</b>               |                                |                                 |
| 12.10 TITLE: <input type="checkbox"/> DELETE      |                                |                                 |
| 12.11 NAME:                                       |                                |                                 |
| 12.12 STREET ADDRESS:                             |                                |                                 |
| 12.13 CITY, ST, ZIP:                              |                                |                                 |
| 12.14 TITLE: <input type="checkbox"/> DELETE      |                                |                                 |
| 12.15 NAME:                                       |                                |                                 |
| 12.16 STREET ADDRESS:                             |                                |                                 |
| 12.17 CITY, ST, ZIP:                              |                                |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|  |
|--|
| 13.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition          |
| 13.2 NAME:   |
| 13.3 STREET ADDRESS:   |
| 13.4 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 13.5 TITLE:  |
| 13.6 NAME:   |
| 13.7 STREET ADDRESS:   |
| 13.8 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 13.9 TITLE:  |
| 13.10 NAME:  |
| 13.11 STREET ADDRESS:  |
| 13.12 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.13 TITLE:   |
| 13.14 NAME:  |
| 13.15 STREET ADDRESS:  |
| 13.16 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.17 TITLE:   |
| 13.18 NAME:  |
| 13.19 STREET ADDRESS:  |
| 13.20 CITY, ST, ZIP:   |

**VD SWANSON, JOAN**  
**387 SAN JUAN DRIVE**  
**PONTE VEDRA BEACH, FL 32082**

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(6)(a), Florida Statutes. I further certify that the information indicated on this filing is not subject to any legal privilege and that my signature and that of the officer or director of the corporation or the trustee 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 of this filing, or on an attachment with an address.

SIGNATURE: *David W. Swanson* 2/25/96 770-993-2510  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)