## 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

## DOCUMENT # P95000041463

Corporation Name
 SAFETY SUPPLIED BY SWAN, INC.

OALLIT	14.			1 (86)(86) ((8 (8) 8) (10 (8))	**
Principal Plac	ce of Business	Mailing Address			7
300 SO. DUNC	AN AVENUE STE 236	300 SO. DUNCAN AVENUE	STE 236		
CLEARWATER	FL <del>84615</del>	CLEARWATER FL 33755			
	33751	US			E IN THIS SPACE
				3. Date Incorporated or Qualifed	
				05/26/1995	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3318129	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22	An	27 City & State			· · · · · · · · · · · · · · · · · · ·
City & Sta	TE .	City & State		6. Election Campaign Financing	\$5.00 May Be
23	Country	Zip	Country	Trust Fund Contribution	Added to Fees
Zip	Country		Country	8. This corporation owes the curre	ent year Intangible ☐ Yes <b>⊠</b> No
24	25	<del></del>	30	Personal Property Tax.  10. Name and Address of New R	·
	9. Name and Address of Curren		81 Nan		shipreten Whetit
SW	AN, DAVID S JR.	· · · · · · · · · · · · · · · · · · ·			<u> </u>
	SO. DUNCAN AVENUE STE 236		82 Stre	et Address (P.O. Box Number is Not Accepta	ole)
	ARWATER FL 33755			FIRE BANKERS (BIRLANDS SANDERS MAN	er gater mere i bedd inder nud'r dergin befrandet. E bliefe name albu inde wellen bertad betrieb.
			83	167. 海南海南部	
y•			84 City	2	85 Zip Code
year to in air	ARTHMATINE TO A BY SAIN	and the second of the	, ,,	· .	FL ["
11. Pursuant	t to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	es, the above-nam	ed corporation submits this statement for the imporation's board of directors. I hereby accep	surpose of changing its registered the appointment as registered
agent. I a	am familiar with, and accept the obligat	tions of, Section 607.0505, Flor	rida Statutes.	reportations scale of dissistance thereby decap	, and appointment as regionaries
SIGNATURE					
	Signature, typed or printed name of registered agen	,, ,		re required when reinstating) ( )	DATE
12.		D DIRECTORS	13.	description and the second sec	ICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	*** ( *** ( )	☐ Change ☐ Addition
NAME	SWAN, DAVID S JR.		1.2 NAME		
STREET ADDRESS		E 236	1.3 STREET ADDRE	SS	
CITY-ST-ZIP	CLEARWATER FL 33755		1.4 CITY-ST-ZIP		
TITLE .		☐ DELET <b>É</b>	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRE	ss .	
CITY-ST-ZIP		<u> </u>	2.4 CITY-ST-ZIP		
TITLE STATE	ing obators of to	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME (			3.2 NAME		
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CITY-ST-ZIP	NAME OF STATES OF STATES		J.J OTTICE / ADDITE		
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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, gr on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

**FILED** 

Feb 05, 1999 8:00am

**Secretary of State** 

02-05-1999 90009 024 \*\*\*150.00

747-46/-3700