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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000099850

1. Corporation Name

SWIM W	orld of Florida City, II	NC.								
Principal Place	e of Business	Mailing Address				1 10011001	116 (21): (2011 2011 2011 2011 201	I	1 15181 Strv. 2011 142	
5250 S MCINTOSH ROAD SARASOTA FL 34233 US		P.O. BOX 9 SARASOTA FL 34230-0009 US					DO NOT WRITE IN	N THIS SPACE	:	
						11/20/199	rated or Qualifed 17			
2. Principal P	ace of Business	2a. Mailing Address				4. FEI Number		<u>_</u>	Applied For	
21		26				65-0798 <u>4</u>	31		Not Applicabl	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of	Status Desired		75 Additional e Required	
City & State	Ð	City & State				6. Election Carr Trust Fund C	npaign Financing  Contribution		.00 May Be ded to Fees	
Zip 24	Country 25	Zip C	Country			Personal Pro		☐ Yes	□No	
1	9. Name and Address of Curren	t Registered Agent				10. Name and A	Address of New Regis	stered Agent		
1			81	Name						
JOHNSON, T.J. JR 5250 S MCINTOSH ROAD SARASOTA FL 34233			82	Street	Addres	ess (P.O. Box Number is Not Acceptable)				
			83							
			84	City				FL	Zip Code	
11. Pursuant office or reagent, La	to the provisions of Sections 607.050 egistered agent, or both, in the State or familiar with, and accept the obliga	2 and 607.1508, Florida Statutes, the of Florida. Such change was authorized sons of, Section 607.0505, Florida S	e above zed by tatutes.	-named the corpo	corpora oration	ation submits this s board of directo	statement for the purp rs. I hereby accept the	ose of changir appointment	g its registered as registered	
SIGNATURE	$\leq 1$	т. л. Ј	ohn	son,	Jr	hen reinstating)	•	3/12/99	9	
SIGNATURE	Signature typed or printed ame of agistered ager			t signature r	equired w	hen reinstating)	Đ	ATE		
12.	OFFICERS AN		3.		<del></del>	ADDITIONS/	HANGES TO OFFICE			
TITLE	D	DELETE 1.	1 TITLE		DP	7 Taba	aan Tr	<b>∑</b> Cha	inge 🗌 Additi	
NAME	JOHNSON, T.J. JR	·		- 0			son, Jr.	. 7		
STREET ADDRESS	Of the Lagrangian Control of						Intosh Roa	u		
CITY-ST-ZIP	5.112.105 17.7.2 G.125.1 G.1					asota,	FL 34233			
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NAME	doi il dodi il dodi il d					lith H.		-		
STREET ADDRESS			2.3 STREET ADDRESS 5 2		525	50. S. McIntosh Road				
CITY-ST-ZIP	0.0000000000000000000000000000000000000				Sar	<u>casota,</u>	FL 34233			
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NAME		3:	2 NAME							
STREET ADDRESS		3.	3 STREET	ADDRESS						
CITY-ST-ZIP		3.	4. CITY-S	T-ZIP	1					

64 CITY-ST-ZIP CITY-ST-ZIP 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 suppliemental 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 parameters with an address, with all other like empowered.

4.1 TITLE

4 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

4 3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE!

TITLE NAME

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

☐ DELETE

☐ DELETE

DELETE

T. J. Johnson, Jr., Pres.

3/12/99

☐ Change

Change

Change

☐ Addition

☐ Addition

☐ Addition