FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **218665** **(8)**

1. Corporation Name
SWAN'S GROVE THREE, INC.

Principal Place of Business
731 ROCK CREEK LOOP
LONGWOOD FL 32750
US

Mailing Address
731 ROCK CREEK LOOP
LONGWOOD FL 32750
US

3. Date Incorporated or Qualified: **12/31/1958**
3a. Date of Last Report: **01/13/1995**

2. Principal Place of Business
21 731 ROCK CREEK LOOP
Suite, Apt. #, etc.
22 LONGWOOD FLA
City & State
23
Zip 24 32750 Country 25 SEMINOLE

2a. Mailing Address 26 Same
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: **59-1005160** 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

9. Name and Address of Current Registered Agent
SWAN, JAMES W
731 ROCK CREEK LOOP
LONGWOOD FL 32750

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

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	SWAN, JACK W	
STREET ADDRESS	PO BOX 1232	
CITY, ST, ZIP	DUNDEE, FL 33838	
TITLE	D	☐ DELETE
NAME	WOOTEN, DOROTHY	
STREET ADDRESS	731 ROCK CREEK LOOP	
CITY, ST, ZIP	LONGWOOD FL	
TITLE	VD	☐ DELETE
NAME	SWAN, JAMES F	
STREET ADDRESS	257 N MILITARY TRL	
CITY, ST, ZIP	W PALM BCH, FL 0	
TITLE	VD	☐ DELETE
NAME	SWAN, ETTA J	
STREET ADDRESS	4024 BILLINGSGATE RD	
CITY, ST, ZIP	ORLANDO, FL 00000	
TITLE	SVD	☐ DELETE
NAME	SWAN, JAMES W	
STREET ADDRESS	731 ROCK CREEK LOOP	
CITY, ST, ZIP	LONGWOOD, FL 00000	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing, 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: JAMES W. SWAN James W. Swan 1-1896-407-332-7285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #