Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90153 007 ***150.00



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 419264

1. Corporation Name

JIM SWANN ENTERPRISES, INC.

| Principal Place | of Business | Mailing Address | | | } | * 198/11 \$100. 11- | | | | | |
|--|--|---|---|---|------------------|---|----------------|--------------|---------------------------|----------------|----------------------------|
| 402 HIGH POIN | T DRIVE | -402 HIGH-POINT-DRIVE- | | | | | | | | | |
| P.O. BOX 3767 | | P.O. BOX 3767 | | | | | | | | | |
| COCOA FL 32926 | | COCOA FL 32926 | | | ļ <u>.</u> | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified | | | | | |
| | . * | | | | , | ate Incorporated 02/16/1973 | or Qualifed _ | | | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | 1 | El Number | | | | Appl | ied For |
| 21 914 | DIKED BLYO. | 26 PO BOX 3 | 767 | | 5 | 59-16790 <u>65</u> | | | | Not. | Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | Τ., | 5. Certificate of Status Desired \$8.75 Additional | | | | | |
| 22 | | | | | 5. 0 | ertificate of Statu | 3 Desired | | Fe | e Req | uired |
| City & State - | | - City & State | | | 6, E | 6, Election Campaign Financing - \$5.00 May Be | | | | | |
| 23 | | 28 | | | | rust Fund Contril | oution | | Add | ded to | Fees |
| Zip | Country | Zip | Country | | I | his corporation o | | nt year Inta | | _ | ا ا |
| 24 32922 25 | | 29 32924.3767 30 | | | | ersonal Property | | | Yes | L | □No |
| | 9. Name and Address of Current | Registered Agent | | | 10. N | lame and Addre | ss of New Re | gistered . | Agent | | ···· |
| E3/A1 | NO TOUNTY | | 81 | Name | | | | | | | |
| EVANS, JOHN H. | | | 82 | Street A | ddress (P.C |). Box Number is | Not Acceptab | le) | _ | | |
| 750 COUNTRY CLUB DR. | | | | 170 | 28. | WAS | HINGTO | , 10 | By! | ٤ . | |
| HIU | SVILLE FL 32780 | | 83 | | | | | | | | |
| | • | | 84 | City | | <u> </u> | | | 85 | Zip Co | ode |
| | | | | | | | | FL | , | <u> </u> | |
| 11. Pursuant i | to the provisions of Sections 607.0502 | and 607.1508, Florida Statutes, | the above | a-named c | orporation s | submits this state | ment for the p | urpose of | changin | ng its m | egistered |
| office or re | egistered agent, or both, in the State of medical field in the state of the field in the state of the field in the state of the state o | it Florida. Such change was autho | эпива ру | rue corbo | ration s boar | ra ot altectors. Fi | негеру ассерс | uie appoii | illilloin e | as regi | 316160 |
| agent lar | | | | | | | | | | | |
| _ | m familiar with, and accept the obligati | ons of, Section 607.0005, Florida | | • | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent | | | | quired when rein | nstating) | | DATE | | | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable. (NOTE: Reg | jistered Ager | | | nstating) DDITIONS/CHAN | GES TO OFFI | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent OFFICERS ANI | and title if applicable. (NOTE: Reg | jistered Ager | | | | GES TO OFFI | | D DIRE | | S IN 12 |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable. (NOTE: Reg | jistered Ager | | AE | DDITIONS/CHAN | | CERS AN | | | |
| SIGNATURE 12. | Signature, typed or printed name of registered agent OFFICERS ANI | and title if applicable. (NOTE: Reg | pistered Ager 13. 1.1 TITLE | it signature re | AE | DDITIONS/CHAN | | CERS AN | | | |
| SIGNATURE 12. TITLE NAME | Signature, typed or printed name of registered agent OFFICERS ANI PD SWANN, JAMES TERRELL III | and title if applicable. (NOTE: Reg | 13. 1.1 TITLE 1.2 NAME | t signature re | AE | | | CERS AN | (1) Cha 27 | ange | ☐ Addition |
| SIGNATURE 12. TITLE NAME STREET ADDRESS | Signature, typed or printed name of registered agent OFFICERS ANI PD SWANN, JAMES TERRELL III 402 HIGH POINT DRIVE | and title if applicable. (NOTE: Reg | 13. 1.1 TITLE 1.2 NAME 1.3 STREET | t signature re | AE | DDITIONS/CHAN | | CERS AN | | ange | |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed or printed name of registered agent OFFICERS AND PD SWANN, JAMES TERRELL III 402 HIGH POINT DRIVE COCOA, FL 00000 | and title if applicable. (NOTE: Reg D DIRECTORS DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET | t signature re | 914 | DIX6N | BLYG | CERS AN | (1) Cha 27 | ange | Addition |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | Signature, typed or printed name of registered agent OFFICERS AND PD SWANN, JAMES TERRELL III 402 HIGH POINT DRIVE COCOA, FL 00000 STD | and title if applicable. (NOTE: Reg D DIRECTORS DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE | nt signature re | 914 | DDITIONS/CHAN | BLYG | CERS AN | 27 Pcha | ange | Addition |
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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, or on an attackment with an address, with all other like empowered.

6.1 TITLE

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

457.631-2022

☐ Change

☐ Addition