

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 # **462604** (0)

1. Corporation Name

SWIFTY SHOP, INC.



Principal Place of Business

**1308 SE 38TH AVE.
OCALA FL 34471
US**

Mailing Address

**1308 S.E. 38TH AVE.
OCALA FL 34471
US**

2. Principal Place of Business

21 **4043 NW Blitchton Rd**

State, Apt. #, etc.

22 **City & State**

Ocala, Florida

23 **Zip** **Country**

24 **34482** 25 **marion**

2a. Mailing Address

26 **State, Apt. #, etc.**

27 **City & State**

28 **Zip** **Country**

29 **30**

9. Name and Address of Current Registered Agent

**JOHNSON, JOE WAYNE
1308 S.E. 38TH AVE.
OCALA FL 34471**

3. Date Incorporated or Qualified

10/02/1974

3a. Date of Last Report

03/22/1995

4. FEI Number

59-1559072

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

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 607.1506, 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

(Signature of Registered Agent or Secretary of State)

(Signature of Registered Agent or Secretary of State)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

12a. NAME

**D
JOHNSON, JOE WAYNE
1308 S.E. 38TH AVENUE
OCALA FL**

☐ DELETE

12b. NAME

**S
JOHNSON, GLENDA C.
1308 S.E. 38TH AVENUE
OCALA FL**

☐ DELETE

12c. NAME

☐ DELETE

12d. NAME

☐ DELETE

12e. NAME

☐ DELETE

12f. NAME

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

13a. NAME

13b. NAME

13c. STREET ADDRESS

13d. CITY, ST, ZIP

13e. CITY, ST, ZIP

13f. CITY, ST, ZIP

13g. CITY, ST, ZIP

13h. CITY, ST, ZIP

13i. CITY, ST, ZIP

13j. CITY, ST, ZIP

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13ak. CITY, ST, ZIP

SIGNATURE:

Glenda C. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/96 *352-694-2774*
DATE OF FILING OFFICER OR DIRECTOR TELEPHONE NUMBER

CR2E034 (12/95)