

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90088 025 ***150.00

DOCUMENT # 503121

1. Corporation Name
SWANN PRODUCTS, INC.



Principal Place of Business

**3024 N. HABANA
TAMPA FL 33607**

Mailing Address

**P.O. BOX 22966
TAMPA FL 33622
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1976

4. FEI Number

59-1716184

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 owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

BUSTILLO, BARRY A

~~**1302 BIG MOSS LAKE RD.**~~

~~**LUTZ FL 33549**~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

21926 Shamu Dr.

83

84 City **Land O'Lakes**

FL

85 Zip Code **34639**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD BUSTILLO, BARRY A**
STREET ADDRESS ~~**1302 BIG MOSS LAKE RD.**~~
CITY-ST-ZIP ~~**LUTZ, FL 00000**~~

TITLE ☐ DELETE

NAME **STD SUAREZ, ZAIRA**
STREET ADDRESS **2718 AILEEN**
CITY-ST-ZIP **TAMPA, FL 00000**

TITLE ☐ DELETE

NAME **VD WILSON, KATHERINE P.**
STREET ADDRESS ~~**2505 WINONA AVE.**~~
CITY-ST-ZIP **LEESBURG FL**

TITLE ☐ DELETE

NAME **D DURST, GERTRUDE**
STREET ADDRESS **2510 THORNBROOK PL**
CITY-ST-ZIP **TAMPA, FL 00000**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 **21926 Shamu Dr.**
1.4 CITY-ST-ZIP **Land O'Lakes, FL 34639**

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 **215 Royal Dr.**
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

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 attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

04-23-99 (813) 879-1545

Date

Daytime Phone #

CR2E034 (1/98)