

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 8:39

DOCUMENT # 539515

(7)

1. Corporation Name

S & W OF OSCEOLA, INC.

Principal Place of Business

2500 N MICHIGAN AVE
KISSIMMEE FL 34744-1935

Mailing Address

2500 N MICHIGAN AVE
KISSIMMEE FL 34744-1935

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/11/1977

3a. Date of Last Report

04/04/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-1759887

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

10. Name and Address of New Registered Agent

WELLS, JAMES W., JR.
1505 OAK LEAF LANE
KISSIMMEE FL

3/7/91

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

Signature of agent or director of registered agent and filer if applicable

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SDI
NAME	WELLS, JAMES W., JR
STREET ADDRESS	1505 OAK LEAF LANE
CITY ST ZIP	KISSIMMEE FL
TITLE	D
NAME	WELLS, JAMES W., SR.
STREET ADDRESS	2665 CROWN CT.
CITY ST ZIP	KISSIMMEE FL
TITLE	PD
NAME	STORY, MAUREEN
STREET ADDRESS	5401 OSCEOLA AVENUE
CITY ST ZIP	INTERCESSION CITY FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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:

Maureen Story, President

3/26/95

407/846-8330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature (Print Name)