

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Feb 13 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 573857 (0)**

1. Corporation Name  
**S.W. COWBOY, INC.**



Principal Place of Business <b>299 DONDANVILLE RD.                  ST. AUGUSTINE FL 32084</b>	Mailing Address <b>299 DONDANVILLE RD.                  ST. AUGUSTINE FL 32084-6403</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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3. Date Incorporated or Qualified <b>05/30/1978</b>	3a. Date of Last Report <b>04/02/1996</b>
4. FEI Number <b>59-1827386</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s 199 032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LAWLOR, PETER**  
**11 OAK AVE V.B.**  
**ST. AUGUSTINE FL 32084**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	<b>WHITE, WILLIAM</b>	
STREET ADDRESS	<b>11 OAK AVE. V.B.</b>	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>WHITE, TERRY</b>	
STREET ADDRESS	<b>11 OAK AVE. V.B.</b>	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>WEGNER, JUDITH</b>	
STREET ADDRESS	<b>11 A OAK AVE V.B.</b>	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>	
TITLE	T	<input type="checkbox"/> DELETE
NAME	<b>WIERDA, JOHN (ASST)</b>	
STREET ADDRESS	<b>13A OAK AVE. V.B.</b>	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>	
TITLE	P	<input type="checkbox"/> DELETE
NAME	<b>SINGLETON, SCOTT</b>	
STREET ADDRESS	<b>11 A OAK AVE V.B.</b>	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>DROUILLARD, SHELLY</b>	
STREET ADDRESS	<b>11A OAK AVE. V.B.</b>	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: *Scott Singleton* **SCOTT SINGLETON** 2/6/97 904-824-8897

CR2E034 (9/96)