

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

001700

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90051 022 ***150.00

DOCUMENT # 573857

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

Principal Place of Business 299 DONDANVILLE RD. ST. AUGUSTINE FL 32084 Mailing Address 299 DONDANVILLE RD. ST. AUGUSTINE FL 32084



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/30/1978

4. FEI Number

59-1827386

Applied For

Not Applicable

5. Certificate of Status Desired

Not Applicable

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

Not Applicable

\$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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Signature of Peter Lawlor

3/23/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T WHITE, WILLIAM 11 OAK AVE. V.B. ST. AUGUSTINE FL

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

S WHITE, TERRY 11 OAK AVE. V.B. ST. AUGUSTINE FL

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

V WEGNER, JUDITH 11 A OAK AVE V.B. ST. AUGUSTINE FL

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

T WIERDA, JOHN (ASST) 13A OAK AVE. V.B. ST. AUGUSTINE FL

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

P SINGLETON, SCOTT 11 A OAK AVE V.B. ST. AUGUSTINE FL

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

S DROUILLARD, SHELLY 11A OAK AVE. V.B. ST. AUGUSTINE FL

6.1 TITLE 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

3/23/99

Date

Daytime Phone #

CR2E034 (11/98)