Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90042 047 ***150.00

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

DOCUMENT # 631387

1. Corporation	n Name				1		
SWIGLER, INCORPORATED							
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		·					
Principal Place of Business . Mailing Address							
2505 W 15TH STREETT P.O. BOX 2272							
PANAMA CITY FL 32401 PANAMA CITY FL 32402 US US					DO NOT WRITE IN TH	IIS SPACE	
					3. Date Incorporated or Qualifed		
					08/01/1979		,,
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		olied For
21 26			 =	·····	59-1928150		Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	**************************************	
22 City & State	City & State	te		6. Election Campaign Financing	\$5.00		
23	•	28	¬ ·		Trust Fund Contribution	Added to	,
Zip			Country	,	8. This corporation owes the current year	Intangible	
24	25 29 30		0		Personal Property Tax.		
Name and Address of Current Registered Agent					10. Name and Address of New Registere	d Agent	
CHROLED DAVID IN			81	Name			
SWIGLER, DAVID W 1701 DANFORD AVE.			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
PANAMA CITY FL 32401			83	 -			
ANAMA ON TE CETO							
	•		84	City	F	85 Zip C	code
11. Pursuant	to the provisions of Sections 607.050.	2 and 607.1508, Florida Statutes	the above	e-named corp	oration submits this statement for the purpose on's board of directors. I hereby accept the ap		registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut tions of Section 607.0505. Florid	horized by Ia Statutes	the corporation	on's board of directors. I hereby accept the ap	ointment as rec	jistered
SIGNATURE	in turning with and accept are conga-					•	Į.
SIGNATURE	Signature, typed or printed name of registered ager		egistered Ager	nt signature require	d when reinstating) DATE		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR Change	RS IN 12
l title [l •		1.1 TITLE	ļ		□ Change	Addition
NAME	OVVIOLET, OVVID V		1.2 NAME				
STREET ADDRESS 1701 DANFORD AVE.			1.3 STREET ADDRESS 1.4 CITY-ST-ZIP				}
CITY-ST-ZIP TITLE	PANAMA CITY FL 32401 ST	AMA CITY PL 32401 146 DELETE 2.17		1-ZIP		Change	Addition
NAME			2.2 NAME	İ			
STREET ADDRESS				TADDRESS		Emirita	<u>-</u>
CfTY-ST-ZIP	PANAMA CITY FL 32401 2.40		2.4 CTY-5	ST-ZIP			
TITLE	VP _ DELETE 3.1 TI		3.1 TITLE			Change	Addition
NAME	SWLGLER, ALAN W 32 N		3.2 NAME				İ
STREET ADDRESS			3.3 STREE	TADORESS			Ì
CITY-ST-ZIP			3.4. CITY-S	ST-ZIP			
TITLE	4		4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP		4.4 CI ☐ DELETE 5.1 TI		T-ZIP		Change	Addition
TITLE)			5.1 TITLE 5.2 NAME			عواسات نے	
NAME STREET ADORSOL			5.3 STREET	T ADDRESS			
STREET ADDRESS			5.4 CITY-5				ļ
G111-31-21		6.1 TITLE		AL AL AL AL AL AL AL AL AL AL AL AL AL A	☐ Change	Addition	
NAME	•		6.2 NAME			_ -	

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS