

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **713973** (6)

1. Corporation Name

SWAMP BUGGY, INC.

Principal Place of Business

Mailing Address

**4750 ISLES OF CAPRI RD
PO BOX 990010
NAPLES FL 33999-3060**

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PO BOX 990010
NAPLES FL 33999-3060**



3. Date Incorporated or Qualified
01/19/1968

3a. Date of Last Report
05/16/1995

4. FEI Number
59-1022904

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VACCARO, GENE
4750 ISLES OF CAPRI RD
NAPLES FL 33999**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **TD** ☒ DELETE
NAME **CANNON, THOMAS G**
STREET ADDRESS **4827 TAHITI LANE**
CITY-ST-ZIP **NAPLES FL**

1.1 TITLE **TD** ☐ Change ☒ Addition
1.2 NAME **TOM CONNOLLY**
1.3 STREET ADDRESS **915 2ND AVE. N.**
1.4 CITY-ST-ZIP **NAPLES, FL 33940**

TITLE **PD** ☐ DELETE
NAME **HAIRE, JIM**
STREET ADDRESS **4205 11TH AVE SW**
CITY-ST-ZIP **NAPLES FL**

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

TITLE **VD** ☐ DELETE
NAME **BEACH, PETE**
STREET ADDRESS **1320 DELMAR LANE**
CITY-ST-ZIP **NAPLES FL**

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

TITLE **VD** ☐ DELETE
NAME **KELLER, JUDY**
STREET ADDRESS **3620 TAMiami Trl N**
CITY-ST-ZIP **NAPLES FL**

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

TITLE **SD** ☐ DELETE
NAME **PAVLICH, PATRICIA**
STREET ADDRESS **515 HARBOUR DRIVE**
CITY-ST-ZIP **NAPLES FL**

5.1 TITLE **700001886857** ☐ Change ☐ Addition
5.2 NAME **-07/09/96--01012--026**
5.3 STREET ADDRESS *****61.25**
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

GENE VACCARO

6/13/96 941 774-2701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EXECUTIVE DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)