PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90100 037 ***150.00

DOCUMENT # 846500

SWIDERSKI IMPLEMENT & LIVESTOCK CO., INC.

							_		AU BIBU		AI) BIBN IBBI
Principal Place of Business Mailing Address							1				
32510 CRYSTAL BREEZE LANE 32510 CRYSTAL BREEZE LANE											
LEESBURG FL 3	14788		LEESBURG FL 34788				DO NOT WRITE IN THIS SPACE				
US							3. Date Incorporated or Qualifed				
							07/16/1980				1
2 Principal Pl	ace of Business	2a Mailin	Mailing Address				4. FEI Number			App	lied For
_	ace of Business	<u> </u>	⊢ -								Applicable
21 Suite, Apt.	H oto	26 Suite	Suite, Apt. #, etc.				· ·		\$8.		dditional
	+, etc.	<u></u> ⊢¬	27				5. Certifcate of Status Desired			ee Req	
City & State			City & State				6. Election Campaign Financing		\$5	00	May Be
·	•	-	28				Trust Fund Contribution Added to Fees				
Zip	Country		Zip Country				8. This corporation owes the current year Intangible				
24	25	—————	29 30				Personal Property Tax.				
9. Name and Address of Current						10. Name and Address of New Register		Registered A	d Agent		
	o. Italia ana radiose o. ourio	<u></u>		1	31	Name					
SWIDERSKI, JOE JR					32		-1-1-1				
	O CRYSTAL BREEZE LANE					Street Addre	ddress (P.O. Box Number is Not Acceptable)				
	BURG FL 34788				33						
	•			[34	City		FL	85	Zip C	ode
11. Pursuant t	to the provisions of Sections 607.05	02 and 607.150	8. Florida Statute	es, the abo	L	-named corpo	pration submits this statement for the	purpose of o	hangii	ng its r	egistered
) office or re	egistered agent, or both, in the State	of Florida, Suci	n change was at	utnonzea i	ογι	tne corporatior	n's board of directors. I hereby acce	pt the appoin	tment	as reg	istered
agent. I ar	n familiar with, and accept the oblig	ations of, Section	11 607.0303; FIOI	ilua Statut	63.						
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicab	ile. (NOTE	: Registered A	gent	t signature required	when reinstating)	DATE			
12.		ND DIRECTOR		13.	<u> </u>		ADDITIONS/CHANGES TO OF	FICERS AN	D DIR	CTO	RS IN 12
TILE	PD		☐ DELETE	1.1 TITL	E				Ch	ange	☐ Addition
NAME	SWIDERSKI, JOE , JR.			1.2 NAM	E						
STREET ADDRESS	32510 CRYSTAL BREEZE LAN	IF.		1.3 STR	EET.	ADDRESS					
CITY-ST-ZIP	LEESBURG, FL.,			1.4 CITY	ST	7.71P					
TITLE	SD SD		☐ DELETE	2.1 TITL					Ch	ange	Addition
NAME	SWIDERSKI, JOAN			2.2 NAN	F						
	32510 CRYSTAL BREEZE LAN	JE				ADDRESS					
STREET ADDRESS	LEESBURG, FL.,	1 L		2. 4 CIT		1			<i>y</i> =		
CITY-ST-ZIP TITLE	LLEODONO, I L.,		☐ DELETE	3.1 TITL					Ch	ange	Addition
NAME				3.2 NAN							
[ADDRESS					
STREET ADDRESS											
CITY-ST-ZIP			DELETE	3.4. CIT 4.1 TITL		1-2119			□ Ch	ange	Addition
TITLE			/ ,	4. 2 NA					_	•	_
NAME			,			LABBERGO					
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP			Постете	4,4 CIT		-ZIP			Ch	lange	Addition
TITLE			☐ DELĒTĒ	5.1 TITL 5.2 NAM							
NAME			,			ADDRESS					!
STREET ADDRESS			*								
CITY-ST-ZIP			□ DELETE	5.4 CiT		-217		am	Ch	anne	☐ Addition
TITLE			☐ DELETE						<u> </u>	u. igo	
NAME				6.2 NAM							
STREET ADDRESS				6.3 STF	EET	ADDRESS					

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.

6.4 CITY-ST-ZIP

SIGNATURE: