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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 85178
1. Corporation Name
C. L. SWANSON CORPORATION

(1)

FILED Feb 03 1998 8:00am Secretary of State

Principal Place 4501 FEMRITI MADISON WI		Mailing Address 4501 FEMRITE DRIVE MADISON WI 53716								
						DO NOT WRITE IN THIS	SPACE	<u> </u>		
						3. Date Incorporated or Qualified 02/05/1982				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For	7
21		26				39-0975669	Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional				\neg
22 27						or commode or states beared	F	ee Re	quired	_
City & Stat	e	City & State				Election Campaign Financing \$5.00 May Be				
Zip	Country	28 Zip	Zip Country			Trust Fund Contribution				
24	25	29	30	iti y		 This corporation owes or has paid the c Personal Property Tax due June 30. 	urrent ye X Yes		angible] No	
[24]	9. Name and Address of Curren		130		i	10. Name and Address of New Registered] NO	\dashv
QU	ALE, NORMAN H.		1	81 1	Name					┪
	SO RINGLING BOULEVARD									_
	RASOTA FL 33579		ľ	82 3	Street Addres	ss (P.O. Box Number is Not Acceptable)				
-			ļ.	83						\dashv
			L							
				B4 (City	FI	85	Zip C	Code	
11. Pursuant office or ragent. La	to the provisions of Sections 607.0502 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida Statute of Florida. Such change was a ations of, Section 607.0505, Flo	es, the abouthorized orida Statu	ove-n by th	named corpor ne corporation	ration submits this statement for the purpose n's board of directors. I hereby accept the ap		jing its int as r	registered registered	
SIGNATURE										
40	Signature, typod or printed name of registered ager			Agent e	signature required		0.000	0700		_ 6
12.	OFFICERS AND	DELETE DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AN			S IN 12 Addition	_ {
NAME	SWANSON, CHARLES L, JR		1.2 NAN					ange	HOUSE	ˈ ː
STREET ADDRESS	4178 ROBERTS POINT CIR			1.3 STREET ADDRESS						Įĝ
CITY-ST-ZIP	SARASOTA FL		1.4 CITY							ļ
TITLE	\$	DELETE	2.1 TITL				☐ Ch	ange	Addition	\
NAME	EGAN, ROBERT J	EGAN, ROBERT J					_	•	_	
STREET ADDRESS	4816 MIDMOOR LANE		2.3 STR	EET ADI	DRESS					
CITY-ST-ZIP	MONONA WI		2. 4 CIT	Y-\$T-2	ZIP					
TITLE	V	DELETE	3.1 TITL				☐ Ch	inge	Addition	1
NAME	JUSTUS, BOBBY D.		3.2 NAN	A E						
STREET ADDRESS	2005 ROSEMOND		3.3 STR	EET ADI	DRESS					
CITY-ST-ZIP	JONESBORO AR		3.4. CIT	Y-ST-Z	ZIP					
TITLE	CHARLOON FROMES D	L DELETE	4.1 TITL				Cha	ange	Addition	1
NAME	SWANSON, MICHAEL R.		4. 2 NAA	NE						
STREET ADDRESS	4709 TONYAWATHA TRAIL MONONA WI		4.3 STRE	EET ADO	DRESS					
CITY-ST-ZIP	MOITORA TII	Delete	4.4 CITY	$\overline{}$	IP .		— <u></u>	~	1	4
TITLE	SWANSON, HANNAH	DELETE	5.1 TITU				Cha	inge	Addition	
NAME CONCES ADDRESS	1348 POINT CRISP ROAD		5.2 NAM							
STREET ADDRESS	SARASOTA FL		5.3 STRE							İ
CITY-ST-ZIP TITLE	V	DELETE	5.4 CITY 6.1 TITLE		IP		Cha	nne	Addition	\exists
NAME	ZIMMERMAN, ELDON L	בן מננות	6.2 NAM				L) Cili	пўс	LJ ROUNIUN	
STREET ADORESS	708 HILLCREST LN		6.3 STRE		NDECC					
CITY-ST-ZIP	OREGON WI		6.4 CITY							
34 11			0.4 0111	21-51	<u>" </u>					

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.