

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

FILED  
Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90153 038 \*\*\*150.00

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DOCUMENT # 851783

1. Corporation Name

C. L. SWANSON CORPORATION

Principal Place of Business

4501 FEMRITE DRIVE  
MADISON WI 53716

Mailing Address

4501 FEMRITE DRIVE  
MADISON WI 53716

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1982

4. FEI Number

39-0975669

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

QUALE, NORMAN H.  
1750 RINGLING BOULEVARD  
SARASOTA FL 33579

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	SWANSON, CHARLES L, JR	
STREET ADDRESS	4178 ROBERTS POINT CIR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	EGAN, ROBERT J	
STREET ADDRESS	4816 MIDMOOR LANE	
CITY-ST-ZIP	MONONA WI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JUSTUS, BOBBY D.	
STREET ADDRESS	2005 ROSEMOND	
CITY-ST-ZIP	JONESBORO AR	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SWANSON, MICHAEL R.	
STREET ADDRESS	4709 TONYAWATHA TRAIL	
CITY-ST-ZIP	MONONA WI	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SWANSON, HANNAH	
STREET ADDRESS	1348 POINT CRISP ROAD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ZIMMERMAN, ELDON L	
STREET ADDRESS	706 HILLCREST LN	
CITY-ST-ZIP	OREGON WI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

Date

Daytime Phone #

CR2E034 (11/98)