## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** 



🚽 FLORIDA DEPARTMENT OF STATE

ANNU	IAL REPORT		Sandra B. Morthani Secretary of State DIVISION OF CORPORATIONS			4S						
DOCUN 1, Corporation	<b>MENT</b> #	F95000	0003999	9 (8)								
SWEE	TWATER HOME	S OF GEORG	BIA, INC.									
Principal Place	Mailing Address	Mailing Address				T TODERDA FRAN ABACT DANA KANTI BAD		IFAL BUTUR LIKER 10				
309 E 4TH ST OCILLA GA 31774			309 E 4TH ST OCILLA GA 31774									
								3. Date Incorporated or Qualified 08/18/1995	3a. [	Date of Last R	eport	
2. Principal Pla	nce of Business		2a. Mailing Addr	ess				4, FEI Number	4		Applied For	
21			26				<del></del>	62-1595624			Not Applicable	9
Suite, Apt. #			Suite. Apt. #	, etc.				5. Certificate of Status Desired			Additional Required	
City & State			City & State					Election Campaign Financing     Trust Fund Contribution			<b>0</b> May Be d to Fees	
Žιρ	Cou	ntry	Zip	T	Count	ry		8. This corporation has liability for	-	e tax under s		1
24	25		29	;	30				_ □ No			
<del></del>	g, Name and Add	iress of Current I	legistered Agent			11	Name	10. Name and Address of New F	legister	ed Agent		
					6	"	name					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD					8	82 Street Addre		lress (P.O. Box Number is Not Acceptat	ole)			
	uuth pine islan NTION FL 33324	D KUAD			B	13						$\dashv$
PLANTA	1110N FL 33324				L							
					8	14	City			85 Zi	p Code	
11. Pursuant to	o the provisions of Se	ctions 607.0502 a	nd 607.1508. Florio	a Statutes.	the above	_  ⊵na	med coroc	ration submits this statement for the pur	maca of	obanging its	enistered offic	
or registere	ed agent, or both, in t h, and accept the obl	he State of Fiorida	Such change was	authorized.	by the co	rpor	ation's boa	and of directors. Thereby accept the app	ointment	t as registered	agent. I anı	~
SIGNATURE	in, and the experience of	igotion to cut, experior	r der rocker, i forter	Oletton 15.								
DIGITATORIC _	Signature Typeo or printed ca	ന്നാര് സൂട്ടാലർ എന്ന് മം	titre tapperable	41(40)	Highs facili Ag	ent s	soja aturo resipior	ed when redistring	DAII	i		<u>ان</u>
12.		OFFICERS AND I			13.			ADDITIONS/CHANGES TO OFF	ICERS A		· · · · · · · · · · · · · · · · · ·	CR2E034 (12/95)
TITLE	DCP		☐ DEL	EIE	1 1 TITLE					☐ Change	Addition	Ë
NAME		WILLIAMS, JACKIE			1 2 NAME							8
STREET ADDRESS	309 E 4TH ST			1.3 STREET ADDRESS			1					١Щ
CITY-ST-ZIP	OCILLA GA 31		LETE 2 1 TITLE			ZIF					_ 뜻	
TITLE NAME	DST DELETE WILLIAMS, RONALD				2 2 NAME					Change	Addition	
STREET ADDRESS	2101 MARRYAT CT				2 3 STREET ADORESS							
DITY-ST-ZIP	CHARLOTTE N				2 4 CITY		1					
TITLE	D	O LOLII	☐ DEL	ETE	3 1 TITL		20			Change	Addition	$\dashv$
NAME	SCOTT, SAM		_		3 2 NAM							
STREET ADDRESS	1405 N RIVEROAKS				3.3 STREET ADDRESS							ŀ
CITY-ST-ZIP	BLACKSHEAR GA 31516			3.4 CITY - ST - ZIP								
TITLE		· · · · · · · · · · · · · · · · · · ·	DEI	ETE	4 1 TITL					Change	Addition	
NAME					4.2 NAM	E						
STREET ADDRESS					4.3 STRS	)A 13	DORESS					
CITY-ST-ZIP					4.4 C(TY	- 51-	ZIP					
TIFLE			DEI	ETE	5 1 TiTL	F				Change	Addition	
NAME					5 2 NAM	E						ĺ
STREET ADDRESS					5.3 STR8	.E1 A[	DORESS					-
CITY-ST-ZIP					5 4 CITY		ZIP					_
TITLE			☐ DĒL	ETE	6 1 TITL	E				Change	Addition	

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and oces 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6 4 CHY - ST - 71P

6 2 NAME

6.3 STREET ADDRESS

SIGNATURE: /

NAME

STREET ADDRESS

CITY - S1 - ZIP

N N SIGNATURE AND TYPED OR PRINTED WASE OF SIGNING OFFICER OR DIRECTOR

Nancy F. Yeager

4/15/96

(912)468-7164

Date

Dayto e Phose #