

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

FILED

May 01 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96882

(8)

1. Corporation Name

SWART'S LANDSCAPING CO., INC.

Principal Place of Business

7150 CLARK RD  
SARASOTA FL 34241-8336

Mailing Address

7150 CLARK RD  
SARASOTA FL 34241-8336

3. Date Incorporated or Qualified

08/25/1982

3a. Date of Last Report

03/01/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

24

2a. Mailing Address

25

P.O. Box 4019

26

Suite, Apt. #, etc.

27

City &amp; State

28

Sarasota, Florida

29

Zip

34230

Country

USA

30

4. FEI Number

59-2225076

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

SYPRETT, MESHAD, RESNICK & LIEB, P.A.  
1900 RINGLING BLVD  
SARASOTA FL 33577

10. Name and Address of New Registered Agent

81

Name

Henry P. Trawick, Jr.

82

Street Address (P.O. Box Number is Not Acceptable)

2033 Wood Street

83

Suite 218

84

City

Sarasota

FL

85

Zip Code

34237

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 607.0506, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

April 23, 1997

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☒ DELETE

NAME SWART, RAYMOND E

STREET ADDRESS 3709 BENEVA OAKS WAY

CITY-ST-ZIP SARASOTA FL

TITLE ST ☒ DELETE

NAME SWART, NANCY C

STREET ADDRESS 3709 BENEVA OAKS WAY

CITY-ST-ZIP SARASOTA FL

TITLE VP ☒ DELETE

NAME SWART, ANDREW

STREET ADDRESS 6250 PAULINE AVE.

CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition

1.2 NAME Swart, Raymond E.

1.3 STREET ADDRESS 157 PUESTA DEL SOL

1.4 CITY-ST-ZIP OSMY, FL 34229

2.1 TITLE ST ☒ Change ☐ Addition

2.2 NAME SWART, NANCY C.

2.3 STREET ADDRESS 157 PUESTA DEL SOL

2.4 CITY-ST-ZIP OSMY, FL 34229

3.1 TITLE VP ☒ Change ☐ Addition

3.2 NAME SWART, ANDREW

3.3 STREET ADDRESS 8500 PARK SHORE LANE

3.4 CITY-ST-ZIP SARASOTA, FL 34238

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-2457

941-921-5089

CR2E034 (9/96)