## 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 # H59196

(6)

THE SWAIN COMPANIES, INC.

Principal Place of Business Mailing Address 200 LAKE MORTON DR. 200 LAKE MORTON DR. P.O. BOX 117 P.O. BOX 117 LAKELAND FL 33802 DO NOT WRITE IN THIS SPACE LAKELAND FL 33802 3. Date Incorporated or Qualified <u>06/01/1985</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2523245 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible 24 25 29 30 ☐ Yes Personal Property Tax due June 30. g. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name MARTIN, E. SNOW JR. 200 LAKE MORTON DR. Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33801 84 City 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 admillar with and accept the congations of, Section 607.0505, Florida Statutes. registered agent and title if applicable (NOTE: Registered Agent signalure required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition NAME SWAIN, BRIAN K. 1.2 NAME 814 SPRING LAKE SQUARE STREET ADDRESS 1.3 STREET ADDRESS WINTER HAVEN FL CITY-ST-ZIP 14 CITY-ST-ZIP DELETE TITLE **VPS** 2.1 TITLE CLINE, PATTY NAME 2.2 NAME

814 SPRING LAKE SQUARE STREET ADORESS 2.3 STREET ADDRESS WINTER HAVEN FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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.

SIGNATURE: De San

CR2E034 (10/97)

**FILED** 

May 08 1998 8:00am

Secretary of State