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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

SOUTHWELL ENTERPRISES, INC.								
Principal Place of Business Mailing Address								
3417 CORMERANT COVE DR. JACKSONVILLE FL 32223 US				3417 CORMORANT COVE DR. JACKSONVILLE FL 32223 US				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  05/23/1986
2. Principal Place of Business 2a. Mailing Address								
21 26								4. FEI Number   Applied For   S9-2685747   Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.								SR 75 Additional
22 27								5. Certificate of Status Desired Fee Required
City & State			City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip		Country	Z	(ip	Cou	ntry	,	8. This corporation owes or has paid the current year Intangible.
24	25		29		30			Personal Property Tax due June 30. 🔲 Yes 🔲 No 🎶 🧎
Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent
RYAN, WILLIAM B., JR.					81	Name		
3000-8 HARTLEY RD.					82	Street A	ddress (P.O. Box Number is Not Acceptable)	
JACKSONVILLE FL 32217								
					83			
						84	,	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 s							equired when reinstating) DATE	
12. OFFICERS AND DIRECTORS 13.					Age	int signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	BAYE		1.1 T(1	LE		☐ Change ☐ Addition	
NAME	COUTINELL POPERT				1.2 NA	ME		_ · _
A447 CODMODANT COVER DD					REET	ADDRESS		
CITY-ST-ZIP	/-ST-ZIP JACKSONVILLE FL 1.4 C				Y-S	T- ZIP		
TITLE				_	2.1 TITLE		Change Addition	
NAME					2.2 NA	ME		
STREET ADDRESS					2.3 ST	REET	ADDRESS	
CITY-ST-ZIP					2.40	TY-S	ST-ZIP	
TITLE DELETE 3.1 TO				3.1 TITLE		Change Addition		
NAME 3.2 NA					ME			
STREET ADDRESS 3.3 ST					REET .	ADDRESS		
CITY-ST-ZIF 3.4. CI					TY-S	T-ZIP		
TITLE				☐ DELETE	4.1 TIT	LE		☐ Change ☐ Addition
NAME	1				4.28	SAC	- 1	

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:

2 Fub. 98

904/262-4739

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST - ZIF

TITLE

TITLE

NAME

DELETE

Change

Addition

Addition

**FILED** 

Feb 06 1998 8:00am

Secretary of State