

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **J25883** (6)  
1. Corporation Name  
**S. W. C. CORPORATION**



Principal Place of Business  
**3603 CLARK ROAD  
SARASOTA FL 34233  
US**

Mailing Address  
**PO BOX 19465  
SARASOTA FL 34276  
US**

3. Date Incorporated or Qualified  
**07/23/1986**

3a. Date of Last Report  
**04/26/1995**

2. Principal Place of Business 21 <b>5100 87th St. E.</b> Suite, Apt. #, etc. 22 City & State 23 <b>Bradenton, Fl.</b> Zip 24 <b>34202</b>	2a. Mailing Address 26 <b>5100 87th St. E.</b> Suite, Apt. #, etc. 27 City & State 28 <b>Bradenton, Fl.</b> Zip 29 <b>34202</b>	4. FEI Number <b>59-2726563</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOGAN, PATRICK  
3603 CLARK ROAD  
SARASOTA FL 34233**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**5100 87th St. E.**  
83  
**Bradenton, Fl. 34202**  
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUNT, ROBERT A.</b>	12 NAME	
STREET ADDRESS	<b>3603 CLARK ROAD</b>	13 STREET ADDRESS	<b>5100 87th St. E.</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>	14 CITY-ST-ZIP	<b>Bradenton, Fl. 34202</b>
TITLE	<input type="checkbox"/> DELETE	2 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VST</b>	22 NAME	
STREET ADDRESS	<b>HOGAN, PATRICK</b>	23 STREET ADDRESS	<b>5100 87th St. E.</b>
CITY-ST-ZIP	<b>3603 CLARK ROAD</b>	24 CITY-ST-ZIP	<b>Bradenton, Fl. 34202</b>
TITLE	<input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Patrick Hogan*

4-5-96

Date

(941) 758-2424

Daytime Phone #

CR2E034 (12/95)