

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY 23 PM 1:28

DOCUMENT # J31612

(1)

1. Corporation Name

S AND W PROPERTIES, INC.

Principal Place of Business

Mailing Address

1740 NO. FT. HARRISON AVE.
P O BOX 11046
CLEARWATER FL 34616

1740 NO. FT. HARRISON AVE.
P O BOX 11046
CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/02/1985

3a. Date of Last Report

06/21/1994

2. Principal Place of Business

2a. Mailing Address

21 1740 NO FT HARRISON AVE

26 PO BOX 23

4. FEI Number

59-2890005

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 PO BOX 23

27

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

City & State

City & State

23 SAFETY HARBOR FLA

28 SAFETY HARBOR FLA

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 34695

25 PINELLAS

29 34695

30 PINELLAS

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAMSON, JOHN H.
1740 NO. FT. HARRISON AVE.
CLEARWATER FL 34616

01 Name

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

03

04 City

FL

05 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 agent 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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVST
NAME SAMSON, JOHN HUGH
STREET ADDRESS 1740 N. FT. HARRISON AVE
CITY ST ZIP CLEARWATER FL

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

☐ Change ☐ Addition

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)(b), 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 amendment with the filing.

SIGNATURE:

SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN H. SAMSON

MAY 16 1995

813 447-2756

Date

Original Phone #