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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # **J31628** **(7)**

1. Corporation Name
SWANSON AND SON, INC.

Principal Place of Business	Mailing Address
2739 NINTH ST.N. ST. PETERSBURG FL 33704	2739 NINTH ST.N. ST. PETERSBURG FL 33704

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/04/1986	05/01/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For / Not Applicable
21	26	59-2729498	
Suite, Apt. # or other	Suite, Apt. # or other	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
22	27		
City & State	City, & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
23	28		
Zip / Foreign Postal Code	Zip / Foreign Postal Code	7. The corporation is subject to chapter 617, Florida Statutes ☐ Yes ☐ No	
24 25	29 30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GODDARD, FRANK W. 2959 FIRST AVENUE NORTH POST OFFICE BOX 13576 ST PETERSBURG FL 33733-3576	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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: (If changing Registered Agent, Registered Agent must sign above) (If changing Registered Agent, new Registered Agent must sign above) DATE

12. OFFICER AND DIRECTOR	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 14
TITLE: PD NAME: SWANSON, JON P. STREET ADDRESS: 5916 BAYVIEW CIRCLE CITY-ST-ZIP: ST PETERSBURG FL	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE: STD NAME: SWANSON, P. STREET ADDRESS: 5220 BRITTANY DRIVE,S. CITY-ST-ZIP: ST PETERSBURG FL	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE: VD NAME: FISH, ROBERT STREET ADDRESS: 6056 29 ST S CITY-ST-ZIP: ST. PETERSBURG FL	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing is true and accurate and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 above, or on an attachment with an address.

SIGNATURE: Robert W. Swanson 4/26/95 813 898-9991
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER (Date) (Telephone Number)

0308711 CP