

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

CORPORATION,
ANNUAL REPORT
1995

DOCUMENT # **J98504** (0)

SWAGGERTY LAND SURVEYING, INC.

**APPROVED
AND
FILED**

MAY -1 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Principal Office		2a. Mailing Address		3. Date incorporated (or re-incorporated)		3a. Date of Last Report	
C/O SHIRLEY D. SWAGGERTY 1819 W. 2ND STREET 32771 32771		C/O SHIRLEY D. SWAGGERTY 1819 W. 2ND STREET 32771 32771		10/20/1987		04/20/1994	
2. Principal Office		2a. Mailing Address		4. Filing Number		Applies For	
21		26		59-2887452		Next Application	
22		27		5. Certificate of Status (Required)		\$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**SWAGGERTY, SHIRLEY D.
1819 W. 2ND STREET
SANFORD FL 32771**

81. Name	82. Street Address, P.O. Box Number or Post Office	83.	84. City	85. State	86. Zip Code
				FL	

11. Pursuant to the provisions of Sections 607.01, 607.02 and 607.03, Florida Statutes, this above named corporation submits this statement for the purpose of having its registered office (or registered agent or both) in the State of Florida changed as authorized by the corporation's board of directors. I hereby accept this appointment as a registered agent. I am hereby authorized to accept the appointment as a registered agent under Florida Statutes.

12. OFFICERS AND SHAREHOLDERS		13. ADDITIONAL CHANGES TO OFFICERS AND SHAREHOLDERS	
NAME	P SWAGGERTY, STEVEN B. 435 ORANGE AVENUE SANFORD FL RA	NAME	
STREET ADDRESS	SWAGGERTY, SHIRLEY D. 435 ORANGE AVENUE SANFORD FL	STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	

SIGNATURE: *Steven B. Swaggerty* **STEVEN B. SWAGGERTY** 4-27-95 (407) 322-4630

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR