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PROFIT CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

SWAGGERTY LAND SURVEYING, INC.

FILED

Apr 29 1998 8:00am

Secretary of State

| | | | | | i i sil i sil i sili sili sili sili sili sili |
|--|--|---|--|--|--|
| Principal Place of Business | | Mailing Address | | I HADIILLA HIND HOLDH BANDI OLUH OLUL OLUL OLUL OLUL OLUL OLUL OLUL | DII BIBII SIBIF BIBII DIBIF IBB |
| C/O SHIRLEY D. SWAGGERTY | | PO BOX 2384 | | | |
| 1819 W. 2ND STREET | | 1819 W. 2ND STREET | | | |
| 32771 32771 | | SANFORD FL 32772-2384 | | DO NOT WRITE IN THE | S SPACE |
| | | US | | 3. Date Incorporated or Qualified | |
| 9 Principal F | Place of Business | 2a. Mailing Address | · · · · · · · · · · · · · · · · · · · | 10/20/1987 | 1 1 |
| · | N. Orange Ave. | 26 Maning Address | | 4, FEI Number | Applied For |
| Suite, Apt. | | Suite, Apt. #, etc. | | 59-2887452 | Not Applicable |
| | ord, FL | 27 | | 5. Certificate of Status Desired | \$8.75 Additional Fee Regulred |
| City & Stat | | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 3277 | 1 Seminole | 28 | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes or has paid the d | |
| 24 | 25 | | 30 | Personal Property Tax due June 30. | Yes No |
| | 9. Name and Address of Currer | nt Registered Agent | | 10. Name and Address of New Registers | d Agent |
| | /AGGERTY, SHIRLEY D. | | 81 Name | SWAGGERTY, SHIRLEY D. | |
| 1819 W. 2ND STREET | | 82 Street Add | ress (P.O. Box Number is Not Acceptable) | | |
| SAI | NFORD FL 32771 | | | 111 N. Orange Ave. | |
| | | | 83 | | |
| | | | 84 City | | 85 Zip Code |
| 44 Pureuent | to the provisions of Sections 607.066 | 22 and CO2 1509 Florida Ctatuta | the share remark and | SANFORD F | <u> </u> |
| 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | |
| SIGNATURE | Signature, typed or printed name of registered age | and hills of environment and hills of the | Registered Agent signature requir | red when reinstaling) DATE | |
| 12. | OFFICERS AN | | 13. | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTORS IN 12 |
| TITLE | P | DELETE | 1.1 TITLE | The state of the s | Change Addition |
| NAME | SWAGGERTY, STEVEN B. | | 1.2 NAME | | |
| STREET ADDRESS | 435 ORANGE AVENUE | | 1 3 STREET ADDRESS | | |
| CITY-ST-ZIP | SANFORD FL | | 1.4 CiTY-SY-ZiP | | |
| TITLE | RA | ☐ DELETE | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | SWAGGERTY, SHIRLEY D. | | 22 NAME | | |
| STREET ADDRESS | 435 ORANGE AVENUE | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SANFORD FL | | 2. 4 CITY - ST - ZIP | | |
| TITLE | | | | | |
| NAME | i | DELETE | 3.1 TITLE | · · · · · · · · · · · · · · · · · · · | ☐ Change ☐ Addition |
| STREET ADDRESS | | ☐ DELETE | 3.1 TITLE 3.2 NAME | 7.44. | Change Addition |
| | | L_J DELETE | - | 7.44 | ☐ Change ☐ Addition |
| CITY-ST-ZIP | | | 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP | | |
| CITY-ST-ZIP TITLE | | ☐ DELETE | 3.2 NAME 3.3 STREET ADDRESS | | ☐ Change ☐ Addition |
| CITY-ST-ZIP TITLE NAME | | | 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP | | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS | | | 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP 4.1 TITLE | | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ DELETE | 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP | | Change Addition |
| CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE | | | 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE | | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | | ☐ DELETE | 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME | | Change Addition |
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14. Thereby 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.