

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

CORPORATION  
ANNUAL REPORT  
1995



DEPARTMENT OF STATE  
CORPORATION DIVISION  
TALLAHASSEE, FLORIDA 32304

DOCUMENT # **K00768**

(7)

SWAN MARKETING, INC.

APPROVED  
FILED

SE MAY -1 PM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O. BOX 10637  
3615 SWANN AVE  
TAMPA FL 33679-7637

P.O. BOX 10637  
3615 SWANN AVE  
TAMPA FL 33679-7637

FILED WITH THIS STATE

2. Principal Office Location		2a. Mailing Address		3. Date of Report (Required)		3a. Date of Last Report	
21. 5211 W. Laurel St.		26. P.O. Box 24225		11/06/1987		01/25/1994	
22. State		27. State		4. FIC Number		Applied For	
22. Tampa, FL		27. Tampa, FL		59-2847390		Not Applicable	
24. 33607-1736		25. U.S.		29. 33623-4225		30. U.S.	
5. Certificate of Status Desired				8. Taxer Campaign Financing Trust Fund Contributor			
<input type="checkbox"/>				<input type="checkbox"/>			
\$8.75 Additional Fee Required				\$5.00 May Be Added to Fees			
B. This corporation has liability for intangible tax under the Florida Statutes				<input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PLESS, JAMES E. 3615 SWANN AVE. TAMPA FL 33069				81. Name Pless, James E.			
				82. Street Address of New Registered Agent 5211 W. Laurel St.			
				83. State			
				84. City Tampa, FL			
				85. Zip Code 33607			

11. I hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 130.05(1)(b), Florida Statutes. I further certify that the information is filed in the annual report or supplemental annual report as required and is valid, and that my signature shall have the same legal effect as if made in person. That I am an officer or director of the corporation or the owner or holder, empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1 or Block 2 of the report with an address.

12. NAME	13. NAME	14. NAME	15. NAME
PD PLESS, REED L. 3615 SWANN AVE TAMPA FL	PD Pless Reed L. 5211 W. Laurel St. Tampa, FL 33607-1736	PD Pless James A. 5211 W. Laurel St. Tampa, FL 33607-1736	PD Pless James A. 5211 W. Laurel St. Tampa, FL 33607-1736
VD PLESS, JAMES A. 3615 SWANN AVE TAMPA FL	VD Pless James A. 5211 W. Laurel St. Tampa, FL 33607-1736	VD Pless James A. 5211 W. Laurel St. Tampa, FL 33607-1736	VD Pless James A. 5211 W. Laurel St. Tampa, FL 33607-1736
VD PLESS, JANA L. 3615 SWANN AVE TAMPA FL	VD Pless Jana L. 5211 W. Laurel St. Tampa, FL 33607-1736	VD Pless Jana L. 5211 W. Laurel St. Tampa, FL 33607-1736	VD Pless Jana L. 5211 W. Laurel St. Tampa, FL 33607-1736
STD PLESS, CHARLOTTE E. 3615 SWANN AVE TAMPA FL	STD Pless Charlotte E. 5211 W. Laurel St. Tampa, FL 33607-1736	STD Pless Charlotte E. 5211 W. Laurel St. Tampa, FL 33607-1736	STD Pless Charlotte E. 5211 W. Laurel St. Tampa, FL 33607-1736

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 130.05(1)(b), Florida Statutes. I further certify that the information is filed in the annual report or supplemental annual report as required and is valid, and that my signature shall have the same legal effect as if made in person. That I am an officer or director of the corporation or the owner or holder, empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1 or Block 2 of the report with an address.

SIGNATURE: *Reed L. Pless*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Reed L. Pless

11/20/91 (53) 15

