

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # K36389 (0)
1. Corporation Name
SWAN GRAPHICS, INC.



Principal Place of Business

4010 CONFEDERATE POINT RD
JACKSONVILLE FL 32210

Mailing Address

4010 CONFEDERATE POINT RD
JACKSONVILLE FL 32210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/04/1988

4. FEI Number

59-2914935

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21

Suite, Apt. #, etc.

23. City & State

24. Zip

25. Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

P O Box 4497

St Augustine, FL

32085-4497 ST Johns

9. Name and Address of Current Registered Agent

SANFORD, ROBERT
2104 PARK STREET
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

81. Name

Richard L. Waler, Jr.

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

71 S. Dixie Highway, #4

83.

84. City

St. Augustine

FL

85. Zip Code

32085

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 *Richard L. Waler, Jr.*

(NOTE: Registered Agent signature required when reinstating)

DATE

✓ 1-26-98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
CARLSON, CARL E
STREET ADDRESS 4010 CONFEDERATE POINT RD.
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME VD
CARLSON, LEDA R
STREET ADDRESS 4010 CONFEDERATE POINT RD.
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME D
FORD, DENNIS
STREET ADDRESS 1475 BELVEDERE AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE ☒ DELETE

NAME D
HOWELL, CHARLES
STREET ADDRESS 2115 UNIVERSITY BLVD S
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby 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.

CR2E034 (10/97)