

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90101 036 \*\*\*150.00

DOCUMENT # K79047

1. Corporation Name

SWS INCORPORATED

Principal Place of Business

% D. WAYNE SMITH  
1000 E SEMORAN BLVD  
APOPKA FL 32703

Mailing Address

% D. WAYNE SMITH  
1000 E SEMORAN BLVD  
APOPKA FL 32703

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/31/1989

4. FEI Number

58-1835929

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fees Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 SCOTT W. SMITH

Suite, Apt. #, etc.

22 1000 E. SEMORAN BLVD.

City & State

23 APOPKA FL.

Zip

24 32703

Country

2a. Mailing Address

26 SCOTT W. SMITH

Suite, Apt. #, etc.

27 1000 E. SEMORAN BLVD

City & State

28 APOPKA FL

Zip

29 32703

Country

30

9. Name and Address of Current Registered Agent

SMITH, D. WAYNE  
1000 E. SEMORAN BLVD.  
APOPKA FL 32703

10. Name and Address of New Registered Agent

81 Name SCOTT W. SMITH

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

1000 E. SEMORAN BLVD.

83

84 City APOPKA

FL

85 Zip Code 32703

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

SCOTT W. SMITH

President

11/10/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME SMITH, D. WAYNE  
STREET ADDRESS 7117 WOODED VILLAGE LANE  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME SMITH, GREG  
STREET ADDRESS 957 BEACHBREEZE DR  
CITY-ST-ZIP ORLANDO FL

TITLE ☒ DELETE

NAME SMITH, SANDRA  
STREET ADDRESS 7117 WOODED VILLAGE LN  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME SMITH, SCOTT W  
STREET ADDRESS 5604 BLUE SHADOW CT  
CITY-ST-ZIP ORLANDO 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)(j), 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, with all other like empowered.

SIGNATURE:

SCOTT W. SMITH

11/10/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

006/720