SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $228 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 JUL 26 PM 2:06

DOCUMENT # **L68328** **(8)**

1. Corporate Name
SWEETWATER OAKS, INC.

Principal Place of Business	Mailing Address
% RICHARD M. POWERS, P.A. 315 S CALHOUN ST., #701 BARNETT BANK BLDG. TALLAHASSEE FL 32301	% RICHARD M. POWERS, P.A. 315 S CALHOUN ST., #701 BARNETT BANK BLDG. TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/26/1990**
3a. Date of Last Report: **08/11/1994**

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23)
2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28)
(24) (25) (29) (30)

4. FEI Number: **59-3120140** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. ☐ **$5.00** May Be Added to Fees

9. *This corporation has liability for intangible tax under s. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

POWERS, RICHARD M., P.A.
SUITE 701, BARNETT BANK BLDG.
315 SOUTH CALHOUN STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 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 _____ Date

12. OFFICERS AND DIRECTORS		13. Add or Change Officers and Directors
Title	VSTD	11 Title VSD ☑ Change ☐ Addition
NAME	ERWIN, J. PERRY	12 NAME
STREET ADDRESS	RIVERBIRCH HOLLOW	13 STREET ADDRESS
CITY ST ZIP	TALLAHASSEE FL	14 CITY ST ZIP
Title	PD	21 Title PTD ☑ Change ☐ Addition
NAME	BUFKIN, JOE	22 NAME
STREET ADDRESS	CLARE DR.	23 STREET ADDRESS
CITY ST ZIP	TALLAHASSEE FL	24 CITY ST ZIP
Title		31 Title ☐ Change ☐ Addition
NAME		32 NAME
STREET ADDRESS		33 STREET ADDRESS
CITY ST ZIP		34 CITY ST ZIP
Title		41 Title ☐ Change ☐ Addition
NAME		42 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY ST ZIP		44 CITY ST ZIP
Title		51 Title ☐ Change ☐ Addition
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY ST ZIP		54 CITY ST ZIP
Title		61 Title ☐ Change ☐ Addition
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY ST ZIP		64 CITY ST ZIP

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14. I declare I certify that the information supplied with this filing is voluntarily furnished and 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 1 or Block 11 if changed, or on an attachment with an address.

SIGNATURE: _____ Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER

CR2E034 (3/95)

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