

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **N97000006155**

1. Corporation Name

SWIFTY MART FOUNDATION, INC.

Principal Place of Business

325 JOHN KNOX ROAD
BUILDING M - SUITE 100
TALLAHASSEE FL 32303

Mailing Address

325 JOHN KNOX ROAD
BUILDING M - SUITE 100
TALLAHASSEE FL 32303

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90015 035 ****70.00

08-26-1999 90013 008 ****70.00



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

10/31/1997

4. FEI Number

59-3521861

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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 **C** ☐ DELETE
NAME **HAMNER, W. CLAY**
STREET ADDRESS **325 JOHN KNOX ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **W D** ☐ DELETE
NAME **ROGERS, WAYNE M**
STREET ADDRESS **325 JOHN KNOX ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **P** ☒ DELETE
NAME **JENKINS, CHARLES B**
STREET ADDRESS **325 JOHN KNOX ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **ST** ☐ DELETE
NAME **BOONE, WAYNE**
STREET ADDRESS **325 JOHN KNOX ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **D** ☐ DELETE
NAME **BASSELL, DON**
STREET ADDRESS **325 JOHN KNOX ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **D** ☒ DELETE
NAME **CORDOVA, CARL**
STREET ADDRESS **325 JOHN KNOX ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 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
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

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☐ Change ☐ Addition

☐ Change ☐ Addition

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 617, 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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/99 (850) 422-7770
Date Daytime Phone #

CR2E037 (5/99)