Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90056 007 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

SWIFIL	UAN AND FINANCE CO.	, INC.					1				
Principal Place	e of Business	Mailing Addr	ess				-			811 BJB# BJB# 8	
1248 BROADWAY 1248 B			VAY								
COLUMBUS GA 31901 COLUMBUS GA			ia 31901					DO NOT WRI	TE IN TUIC	CDACE	
							<u> </u>	DO NOT WRI Date Incorporated or Qualifed	IE IN THIS	SPACE	
							1	12/23/1991			
2. Principal Place of Business 2a.			2a. Mailing Address			1 "	El Number		<u> </u>	plied For	
21		26					5	8-0900347			t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			<u> </u>	5. (Certificate of Status Desired		\$8.75 A	
City & Stat	e	<u>├</u>	City & State					Election Campaign Financing Frust Fund Contribution		\$5.00 Added t	
Zip	Zip Country Zip			Country			}	This corporation owes the curr	ent year Into		□No
24	9. Name and Address of Cu	29		50	_			Personal Property Tax. Name and Address of New F			
	9. Name and Address of Co	LIGHT Kadistelen Wäg		81	1	Name	10.	raine and radicas or real	togista.		
PΔW	ELSKI, MICHAEL JAMES						_				
10600 ATLANTIC BLVD.					1	Street Addre	ess (P.	D. Box Number is Not Accepte	able)		
										,	
UACI	COORVILLE 1 E GEZES			83							
				84		City			FL	85 Zip (Code
11. Pursuant office or r	to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the ol	.0502 and 607.1508, F tate of Florida. Such obligations of, Section 6	lorida Statutes hange was aut 07.0505, Florid	the above horized by a Statutes	e-r th	named corpo ne corporation	oration n's boa	submits this statement for the ird of directors. I hereby accept	purpose of ot the appoir	changing its ntment as re	registered gistered
SIGNATURE	····	3	·								
SIGNATORE	Signature, typed or printed name of registered	d agent and title if applicable.	(NOTE: R	-	m s	signature required			DATE		
12.		S AND DIRECTORS		13.			A	DDITIONS/CHANGES TO OF	FICERS AN		RS IN 12
TITLE	DCP	L	☐ DELETE			1				Change	
NAME I	PAWELSKI, R AY			1.2 NAME							
STREET ADDRESS	TETO DITO/IDA				ΤA	ODRESS					
CITY-ST-ZIP				1.4 CITY-S	1.4 CITY-ST-ZIP						
TITLE	DS	-		2.1 TITLE					☐ Change	☐ Addition	
NAME	PAWELSKI, BARBARA 222N			2.2 NAME	2.2 NAME						
STREET ADDRESS	1248 BROADWAY	•		2.3 STREE	TAI	ODRES\$					
CITY-ST-ZIP COLUMBUS GA 2.4 CIT					ST-Z	ZIP -					
TITLE	,	<u> </u>	DELETE	3.1 TITLE						Change	Addition
				2 2 MANG							

6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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

all other like empowered.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

DELETE

☐ DELETE

SIGNATURE: RAY PAWELSKI

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

4/13/99

(706) 326-0227

☐ Change

Change

☐ Change

Addition

☐ Addition

☐ Addition