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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 03 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000014854 (3)

SWANN POOLS, INC.

NAME

\$DHET ADDRESS

14. I do hereby certify that the info information indicated on the Lam an officer or directors.

appears in Block 12 or

SIGNATURE:

report or supplemental an

Principal Page of Business Mailing Address					- 4 1001/1001 110 101/0 11011 #51/1 061/1 801/1 0010) 1101/1 0108/ 101/0 41/1/ 41/1/ 41/1/ 41/1/		
2233 OLIVE RI PENSACOLA F		2233 OLIVE RD PENSACOLA FL 32514-6153					
					3. Date Incorporated or Qualified 01/01/1993	3a. Date of Last I 01/29/1996	Report
ı '	Nace of Business	2a. Mailing Address			4. FEI Number		pplied For
Suite, Apt	# 20	26			59-3157022		lot Applicable
22		27	· · · · · · · · · · · · · · · · · · ·		5. Certificate of Status Desired	Fee F	Additional lequired
City & Star 23		City & State 28			Election Campaign Financing Trust Fund Contribution		May Be to Fees
2 φ	: Country Em	Z(p	Country	1	8. This corporation has liability for i		s. 199.032,
24	25 9. Name and Address of Currer		10]		Florida Statutes 10. Name and Address of New Reg	Yes No	
ıcc		n negistered Agent	81	Name	10. Name and Address of New He	gistered Agent	
	i, a. Jerry 3 Olive RD						
	ISACOLA FL 32514		82	Street Add	Iress (P.O. Box Number is Not Acceptab	le)	
			83				
			84	City		FL 85 Zip	Code
office or r agent La SIGNATURE	registered agent, or both, in the State im familian with, and accept the oblig	ations of, Section 607.0505, Flori	da Statutes	S.	poration submits this statement for the p tion's board of directors. I hereby accep ired when renstating)	ot the appointment as	s registered
12.	OFFICERS AN	*- / - MAI A. A. A	13.		ADDITIONS/CHANGES TO OFFIC		RS IN 12
1-11.5	0	☐ DELETE	1.1 TITLE		•	☐ Change	Addition
NAME	LEE, A. JERRY		1 2 NAME				
STREET ADDRESS	2233 OLIVE RD PENSACOLA FL 32514		1.3 STREET				
00Y-\$1 Z6: 10TL#	PENSACULA FL 32314	DELETE	1.4 CHY+S 21 TITLE	T-ZIP	The second secon	Change	Addition
NAME		[] bittit	22 NAME			L_1 Change	F"] WOOMIGH
STAFFT ADORESS			2 3 STREET	2239004			
CITY-ST ZIE			2 4 CITY-5				
7011		DELETE	3.1 TITLE	er &H	- 1	Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS		•	
CHTY-ST-ZIE			3.4. CITY - 9	ST - ZIP			
tili E		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME				
STREET ADORESS			4.3 STREET	ADDRESS			
(31 Y - 51 - 7)F		T arress	4.4 CITY - S	1 - ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STEEL ADDRESS			5.3 STREET				
0th \$ 7P 1016		DELETE	5.4 CITY - S	T-ZIP		Change	Addition
11 11	I.	I DELETI	= n			A LINKUTE	I AMBIERO

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY - ST-ZIP

on supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the proport or supplemental angula report is true and accurate and that my signature shall have the same legal effect as if made under

your report is true and accurate and that my signature shall have the same legal effect as if made under oath; that Trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name