FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 21 PM 2:32

DOCUMENT # P93000003518 (6)

1. Corporation Name
SWAIN AND ASSOCIATES, INC.

Principal Place of Business
[redacted]

Mailing Address
[redacted]

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/15/1993
3a. Date of Last Report: 04/11/1994

2. Principal Place of Business
21 11911 U.S. HIGHWAY ONE
Suite, Apt. #, etc.
22 SUITE 201
City & State
23 NORTH PALM BEACH, FL
Zip 24 33408 Country 25 USA

2a. Mailing Address
26 141 INTRACOASTAL CIRCLE
Suite, Apt. #, etc.
27
City & State
28 TEQUESTA, FL
Zip 29 33469 Country 30 USA

4. FEI Number: 65-0383502 ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SWAIN, GARY L
[redacted]

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 141 INTRACOASTAL CIRCLE
83
84 City: TEQUESTA FL 85 Zip Code: 33469

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	☒ Change	☐ Addition
NAME	SWAIN, GARY	1.2 NAME		
STREET ADDRESS	[redacted]	1.3 STREET ADDRESS	141 INTRACOASTAL CIRCLE	
CITY-ST-ZIP	[redacted]	1.4 CITY-ST-ZIP	TEQUESTA, FL 33469	
TITLE	V	2.1 TITLE	☒ Change	☐ Addition
NAME	SWAIN, RITA	2.2 NAME		
STREET ADDRESS	[redacted]	2.3 STREET ADDRESS	141 INTRACOASTAL CIRCLE	
CITY-ST-ZIP	[redacted]	2.4 CITY-ST-ZIP	TEQUESTA, FL 33469	
TITLE		3.1 TITLE	☐ Change	☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	☐ Change	☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	☐ Change	☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	☐ Change	☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Gary L. Swain Gary L. Swain 3/15/95 407 625-8928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0246240 CP