

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

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90107 015 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # P93000015904**

1. Corporation Name  
**SWAMP INVESTMENTS, INC.**

**Principal Place of Business**

6117 SWEET GUM RUN  
BARTOW FL 33830  
US

**Mailing Address**

6117 SWEET GUM RUN  
BARTOW FL 33830  
US

DO NOT WRITE IN THIS SPACE

**3. Date Incorporated or Qualified**

**02/22/1993**

**4. FEI Number**

**59-3168912**

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 owes the current year Intangible**

Personal Property Tax.

☐ Yes

☒ No

**2. Principal Place of Business**

**2a. Mailing Address**

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

**25** Country

**28** Zip

**30** Country

**9. Name and Address of Current Registered Agent**

**BREED, JOHN N**  
6117 SWEET GUM RUN  
BARTOW FL 33830

**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 607.0502 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**

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** **D** ☐ DELETE  
**NAME** **BREED, JOHN N**  
**STREET ADDRESS** **6177 SWEET GUM RUN**  
**CITY-ST-ZIP** **BARTOW FL 33830**

**TITLE** **D** ☐ DELETE  
**NAME** **CORY, JEFFREY W**  
**STREET ADDRESS** **1342 TUMBLIN DRIVE**  
**CITY-ST-ZIP** **NEW SMYRNA BEACH FL 32168**

**TITLE** **D** ☐ DELETE  
**NAME** **JAMES JR, DIELSCHNEIDER**  
**STREET ADDRESS** **4700-43 SW ARCHER ROAD**  
**CITY-ST-ZIP** **GAINESVILLE FL 32608**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**1.1 TITLE** ☐ Change ☐ Addition  
**1.2 NAME**  
**1.3 STREET ADDRESS**  
**1.4 CITY-ST-ZIP**

**2.1 TITLE** ☐ Change ☐ Addition  
**2.2 NAME**  
**2.3 STREET ADDRESS**  
**2.4 CITY-ST-ZIP**

**3.1 TITLE** ☐ Change ☐ Addition  
**3.2 NAME**  
**3.3 STREET ADDRESS**  
**3.4 CITY-ST-ZIP**

**4.1 TITLE** ☐ Change ☐ Addition  
**4.2 NAME**  
**4.3 STREET ADDRESS**  
**4.4 CITY-ST-ZIP**

**5.1 TITLE** ☐ Change ☐ Addition  
**5.2 NAME**  
**5.3 STREET ADDRESS**  
**5.4 CITY-ST-ZIP**

**6.1 TITLE** ☐ Change ☐ Addition  
**6.2 NAME**  
**6.3 STREET ADDRESS**  
**6.4 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*John N Breed*  
**John N Breed**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-15-99**  
Date

**941-646-4771**  
Daytime Phone #

CR2E034 (11/98)