

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

55 MAY -1 AM 12:12

INCORPORATED
ADVISAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
www.flsos.state.fl.us

DOCUMENT # P93000044357 (0)

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

SWT CONSTRUCTION, INC.

1073 ORIENTA AVE.
ALTAMONTE SPRINGS FL 32701

1073 ORIENTA AVE.
ALTAMONTE SPRINGS FL 32701

3. Date Incorporated or Qualified 06/23/1993	3a. Date of Last Report 05/01/1994
4. FFI Number 59-3192364	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This Corporation has authority for foreign tax under § 159.005, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. State App # old	26. State App # new
22. City & State	27. City & State
23. City & State	28. City & State
24. City & State	29. City & State
30. City & State	

9. Name and Address of Current Registered Agent WILLNER, DAVID M 1073 ORIENTA AVE. ALTAMONTE SPRINGS FL 32701	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. City & State 84. City FL 85. Zip Code
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11. Pursuant to the provisions of Sections 607.050(1) and (a), 1106, 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 Sections 607.050(1), Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME D WILLNER, DAVID M	ADDRESS 1916 HOUNDSLAKE DR. WINTER PARK FL 3292	1. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME D SCHMIDT, STEPHEN M	ADDRESS 656 ADONIDER LANE WILLINGTON FL 33414	2. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADDRESS	3. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADDRESS	4. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADDRESS	5. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADDRESS	6. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADDRESS	7. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADDRESS	8. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADDRESS	9. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I, the undersigned, certify that the above information complies with the filing requirements and does not apply, for the reasons stated in Section 1106(1)(b), Florida Statutes. I have read the above information and certify that it is true and correct, and that the corporation shall bear the responsibility for its accuracy. I am a resident of the State of Florida and am qualified to execute the request as required by Chapter 607, Florida Statutes, and that my name appears on the list of directors of the corporation or the name of the person authorized to execute the request as required by Chapter 607, Florida Statutes, and that my name appears on the list of directors of the corporation or the name of the person authorized to execute the request as required by Chapter 607, Florida Statutes.

SIGNATURE: *David M. Willner* David M. Willner 2/16/95 (407) 898-0044