

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

APPROVED
AND
FILED

98 DEC -4 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # P93000063747 (8)

1. Corporation Name

SOUTHWEST DEPOT, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/13/1993

4. FEI Number

59-3161077

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

Principal Place of Business
9501 ARLINGTON EXPRESSWAY
UNIT 215-440
JACKSONVILLE FL 32225
US

Mailing Address
9501 ARLINGTON EXPRESSWAY
UNIT 215
JACKSONVILLE FL 32225
US

2. Principal Place of Business
21 9501 ARLINGTON EXPRESSWAY
Suite, Apt. #, etc.
22 UNIT 440
City & State
23 JACKSONVILLE, FL
Zip
24 32225
Country
25 US

2a. Mailing Address
26 9501 ARLINGTON EXPRESSWAY
Suite, Apt. #, etc.
27 UNIT 440
City & State
28 JACKSONVILLE, FL
Zip
29 32225
Country
30 US

9. Name and Address of Current Registered Agent

WHITE BYRON, L
3801 CROWN POINT RD
CONDO 2052
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

7925 MERRILL ROAD #1211

83

84 City

JACKSONVILLE

FL

85 Zip Code

32277

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	P	<input type="checkbox"/> DELETE
NAME	WHITE MALINA J	
STREET ADDRESS	4098 BALD EAGLE LANE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WHITE BYRON L	
STREET ADDRESS	4098 BALD EAGLE LANE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	7925 MERRILL ROAD #1211
1.4 CITY-ST-ZIP	JACKSONVILLE FL 32277
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	7925 MERRILL ROAD #1211
2.4 CITY-ST-ZIP	JACKSONVILLE FL 32277
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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: X Malina J White

April 23 1998 721-2888

CR2E034 (10/97)

20f2

SOUTHWEST DEPOT, INC.

PO BOX 23924

JACKSONVILLE, FL 32241-3924

Florida Department of State
Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee, FL 32302-1500

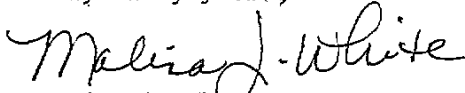
Gentlemen:

Today, to my surprise, I received "Notice of Administrative Dissolution or Revocation" on my business, Southwest Depot, Inc. I immediately checked the file and discovered that the application and check were never mailed. During my illness, my secretary inadvertently forgot to mail it. I was charged by my CPA for filling this form out for me. As a matter of fact, the information is no longer correct. My business address is: Southwest Depot, Inc., 5260 West Irlo Bronson Highway, Suite M, Kissimmee, FL 34746. Home address is: 11553 Sweetholly Way, Jacksonville, FL 32223.

I apologize for this mistake, but feel under the circumstances, no penalty should be assessed. I am sure you can understand my position. I am confident that this will finalize this matter. Should you have any questions, please feel free to write me at: Southwest Depot, Inc., PO BOX 23924, Jacksonville, FL 32241-3924 or telephone me at: (904) 886-0554.

Thanking you in advance for your cooperation in this matter.

Very truly yours,


Malina J. White
President

Enclosures