FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT **1995**

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

95 [illegible] 9:19

SEC[illegible] TALLAHASSEE, FLORIDA

DOCUMENT # **P93000082493 (6)**

1. Corporation Name
BOYD & SWAN, INC.

Principal Place of Business	Mailing Address
C/O SWAN, LARRY R. 516 S. PLUMOSA ST., SUITE 20 MERRITT ISLAND FL 32952 US	C/O SWAN, LARRY R. 516 S. PLUMOSA ST., SUITE 20 MERRITT ISLAND FL 32952 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/02/1993**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business
21: 245 E. MERRITT
22: ISLAND CAUSEWAY
23: MERRITT ISLAND, FL
24: 32952 25: BREVARD

2a. Mailing Address
26: 435 BELAIR AVE
27:
28: MERRITT ISLAND FL
29: 32953 30: BREVARD

4. FEI Number: **59-3215571** — 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

SWAN, LARRY R.
516 S. PLUMOSA ST.
SUITE 20
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent

81 Name: LARRY R. SWAN
82 Street Address (P.O. Box Number is Not Acceptable): 435 BELAIR AVE
83:
84 City: MERRITT ISLAND FL 85 Zip Code: 32953

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: Larry Swan LARRY SWAN (Name of Registered Agent typed or printed) 4-28-95 (DATE)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BOYD, NANCY J
STREET ADDRESS	516 S. PLUMOSA STREET, #16
CITY ST ZIP	MERRITT ISLAND FL 32952
TITLE	D
NAME	SWAN, LARRY R
STREET ADDRESS	516 S. PLUMOSA STREET, #16
CITY ST ZIP	MERRITT ISLAND FL 32952
TITLE	D
NAME	SWAN, DEBRA L
STREET ADDRESS	516 S. PLUMOSA STREET, #16
CITY ST ZIP	MERRITT ISLAND FL 32952
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☑ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY ST ZIP		
21 TITLE	SAME	☒ Change ☐ Addition
22 NAME	SAME	
23 STREET ADDRESS	435 BELAIR AVE	
24 CITY ST ZIP	MERRITT ISLAND FL 32953	
31 TITLE	SAME	☒ Change ☐ Addition
32 NAME	SAME	
33 STREET ADDRESS	435 BELAIR AVE	
34 CITY ST ZIP	MERRITT ISLAND FL 32953	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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)(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.

SIGNATURE: Debra L. Swan DEBRA L SWAN 4-29-95 (Date) 407779 3980 (Telephone Number)
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

0070107 CP