SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $725 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $875)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -3 AM 9:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000002635 (8)**

1. Corporation Name
SWIFT DEVELOPMENT CORP.

Principal Place of Business	Mailing Address
13 ARBOR CLUB DRIVE SUITE 316 PONTE VEDRA BEACH FL 32082	13 ARBOR CLUB DRIVE SUITE 316 PONTE VEDRA BEACH FL 32082

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/11/1994
3a. Date of Last Report: 1-15-95

2. Principal Place of Business	2a. Mailing Address
21: 25 Dolphin Blvd. Ponte Vedra Beach, FL 32082	26: 25 Dolphin Blvd Ponte Vedra Bch, FL 32082
22: Suite, Apt. #, etc.	27: Suite, Apt. #, etc.
23: City & State	28: City & State
24: Zip	25: County / 29: Zip / 30: County

4. FEI Number: 59-3228230 ☐ 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	10. Name and Address of New Registered Agent
AHERN, FRED L JR. 2215 SOUTH THIRF STREET SUITE 101 JACKSONVILLE FL 32250	81 Name: Edythe H. Wright 82 Street Address (P.O. Box Number is Not Acceptable): 25 Dolphin Blvd. 83 84 City: Ponte Vedra FL 85 Zip Code: 32082

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: Edythe H. Wright — 7/31/95
Signature, typed or printed name of registered agent (required if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	☒ Change ☐ Addition	
NAME	WRIGHT, EDYTHE H	12 NAME		
STREET ADDRESS	13 ARBOR CLUB DRIVE, #316	13 STREET ADDRESS	25 Dolphin Blvd.	
CITY ST ZIP	PONTE VEDRA BEACH FL 32082	14 CITY ST ZIP		
TITLE	D	21 TITLE	☐ Change ☐ Addition	
NAME	WRIGHT, LARRY M	22 NAME		
STREET ADDRESS	13 ARBOR CLUB DRIVE, #316	23 STREET ADDRESS	25 Dolphin Blvd.	
CITY ST ZIP	PONTE VEDRA BEACH FL 32082	24 CITY ST ZIP		
TITLE		31 TITLE	☐ Change ☐ Addition	
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE	☐ Change ☐ Addition	
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE	☐ Change ☐ Addition	
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE	☐ Change ☐ Addition	
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

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: Edythe H. Wright — 7/31/95 — 904-285-7191
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0123172 FP