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

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000016374 (8)**

1. Corporation Name
**SWFRI MANAGEMENT, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1500 COLONIAL BLVD. STE. 102<br>FORT MYERS FL 33907 | 1500 COLONIAL BLVD. STE. 102<br>FORT MYERS FL 33907 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/02/1994
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 65-0466883 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23)
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25)
Zip (29) Country (30)
8. This corporation has liability for intangible tax under § 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

YORK, RONALD W
1500 COLONIAL BLVD. STE. 102
FORT MYERS FL 33907

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 11 TITLE | President / Dir ☒ Change ☐ Addition |
| NAME | YORK, RONALD W | 12 NAME | YORK, RONALD W. |
| STREET ADDRESS | 1500 COLONIAL BLVD. STE. 102 | 13 STREET ADDRESS | (Title Change Only) |
| CITY-ST-ZIP | FORT MYERS FL 33907 | 14 CITY-ST-ZIP | |
| TITLE | | 21 TITLE | Secretary/Trasurer / Dir ☐ Change ☒ Addition |
| NAME | | 22 NAME | YORK, MARCIA L. |
| STREET ADDRESS | | 23 STREET ADDRESS | 1500 COLONIAL BLVD., SUITE 102 |
| CITY-ST-ZIP | | 24 CITY-ST-ZIP | FORT MYERS, FLORIDA 33907 |
| TITLE | | 31 TITLE | V.Pres / Dir ☐ Change ☒ Addition |
| NAME | | 32 NAME | JOHNSON, DOUGLAS L. |
| STREET ADDRESS | | 33 STREET ADDRESS | 1500 COLONIAL BLVD., SUITE 102 |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | FORT MYERS, FLORIDA 33907 |
| 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 | |

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:** Ronald W York RONALD W. YORK 18 APR 95 813-936-5556
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0321303 CP