Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90148 044 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000046603

1. Corporation Name

SWIM WITH MARY, INC.

					(		1010 J (115 1061
Principal Place	of Business	Mailing Address					
2313 ROCK SP APOPKA FL 323 US		2313 ROCK SP RD APOPKA FL 32712 US			DO NOT WRITE IN T	'HIS SPACE	
03		00			3. Date Incorporated or Qualifed 06/17/1994		
2 Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number	- Ap	plied For
2. Fillicipal F	ace of Edsiless	26			59-3243525		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	dditional
City & State	9	- City & State		<del></del> <del>-</del>	6. Election Campaign Financing	\$5.00	May Be
3		28			Trust Fund Contribution	Added to	
Zip	Country 25	Zip	Country	y	This corporation owes the current year     Personal Property Tax.	r Intangible ☐ Yes	□No.
<u> </u>	9. Name and Address of Currer				10. Name and Address of New Registe	red Agent	
YEO, MARY 2313 ROCK SPRIGNS RD APOPKA FL 32712				Name E Street Add	TO MARY  Jress (P.O. Box Number is Not Acceptable)  3 ROCK SPRING  PRA	s RD	
			84	City Do		FL 85 Zip C	Code 2712
office or n agent. I a	egistered agent, or both, in the State m familiar with, and accept the obligation of the State o	of Florida, Such change was autons of, Section 607,0505, Flori	thorized by da Statute	tne corporat	poration submits this statement for the purposition's board of directors. I hereby accept the a	/ 2/99	
12.		ND DIRECTORS	13.	in signatore redam	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTO	RS IN 12
TITLE	P	□ DELETE	1.1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	☐ Addition
NAME	YEO, MARY	<del>-</del> -	1.2 NAME	ļ			
STREET ADDRESS	2313 ROCK SPRIGNS RD			TADORESS			
CITY-ST-ZIP	APOPKA FL 32712		1.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	TADORESS			
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			
TITLE -		DELETE	3.1 TTLE	-   -		☐ Change	
NAME			3.2 NAME	f			
STREET ADDRESS				T ADDRESS	•		
CITY-ST-ZIP		——————————————————————————————————————	3.4. CITY-	ST-ZIP		Chases	Addition
TITLE		DELETE	4.1 TITLE	ļ		Change	☐ waannon
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED

☐ DELETE

DELETE

Change

☐ Change

☐ Addition

Addition