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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -4 AM 10:19

DOCUMENT # P94000046639 (8)

1. Corporation Name
SWAIN CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
3990 SE 19 AVE APT A OCALA FL 34480	3990 SE 19 AVE APT A OCALA FL 34480

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/20/1994
3a. Date of Last Report: 06/20/94

2. Principal Place of Business
21: 3990 S.E. 19TH Ave.
22 Suite, Apt. #, etc.: "A"
23 City & State: OCALA, FL.
24 Zip: 34480
25 Country: U.S.A.

2a. Mailing Address
26: 3990 S.E. 19TH Ave.
27 Suite, Apt. #, etc.: "A"
28 City & State: OCALA FL.
29 Zip: 34480
30 Country: U.S.A.

4. FEI Number: 59-3250474 ☐ 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

SWAIN, JOHN N
3990 SE 19 AVE
APT A
OCALA FL 34480

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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: John N. Swain 7/20/95
Signature, typed or printed name of registered agent and title 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	SWAIN, JOHN N	12 NAME	
STREET ADDRESS	3990 SE 19 AVE APT A	13 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34480	14 CITY-ST-ZIP	
TITLE	President	21 TITLE	☐ Change ☐ Addition
NAME	Rebecca Ewliss	22 NAME	
STREET ADDRESS	3990 S.E. 19TH Ave. Apt. "A"	23 STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34480	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS	P.O. Box 1278	33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	Treasurer	41 TITLE	☐ Change ☐ Addition
NAME	Nancy Hamilton	42 NAME	
STREET ADDRESS	P.O. Box 1278	43 STREET ADDRESS	
CITY-ST-ZIP	Williston, FL 32696	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: John N. Swain 4/20/95 904-351-0540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0383016 CP