

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000080166 (9)

1. Corporation Name

S & S SWAIN, INC.



Principal Place of Business

1021 KAY ST.  
TAMPA FL 33602

Mailing Address

1021 KAY ST.  
TAMPA FL 33602

2. Principal Place of Business

21 1021 KAY ST

Suite, Apt. #, etc.

22 City & State

23 TAMPA FL

24 33602 25 Country

2a. Mailing Address

26 1021 KAY ST

Suite, Apt. #, etc.

27 City & State

28 TAMPA FL

29 33602 30 Country

3. Date Incorporated or Qualified

10/27/1994

3a. Date of Last Report

06/28/1995

4. FEI Number

APPLIED FOR 59-3214442

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, SIBERIA  
1021 KAY ST.  
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1021 KAY ST

83

84 City

TAMPA

FL

85 Zip Code

33602

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:

*Siberia Swain*

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when changing status)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE D  
NAME SWAIN, SIBERIA  
STREET ADDRESS 1021 KAY ST.  
CITY-ST-ZIP TAMPA FL 33602 ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE ☒ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS 1021 KAY ST  
14 CITY-ST-ZIP TAMPA FL 33602

2 1 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

3 1 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

4 1 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

5 1 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

6 1 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)(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:

*Siberia Swain*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (12/95)