## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000094392 (5)

SWI INTERNATIONAL, INC.

Principal Place of Business Mailing Address 25 W. CEDAR ST., SUITE 600 25 W. CEDAR ST., SUITE 600 PENSACOLA FL 32501-5970 PENSACOLA FL 32501 3. Date Incorporated or Qualified 3a. Date of Last Report 12/30/1994 06/21/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3302035 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Country 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No  $2\omega$ Zιρ 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BURKS, BARNEY B JR. 25 W. CEDAR ST., SUITE 600 Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32501 83 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: type dipriprinted name of registered a pent and offerit applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 96/6) DELETE Change Addition TITLE 1.1 TITLE WRIGHT, SPENCER H. NAME 1.2 NAME 1731 KIMBERLY PK. DR. 1.3 STREET ADDRESS STREET ADORESS DALTON GA City - S\* - ZiP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE 1016 HOSTETTER, GARY W. **2.2 NAME** 1731 KIMBERLY PARK DR. 2.3 STREET ADDRESS STREET ADDRESS DALTON GA 2. 4 CITY-ST-ZIP OHY-ST-76 DELETE Change Addition TIFLE 3.1 TOTLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CHY+S\*-ZIP DELETE Change Addition DILE 4.1 TITL€ NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS Colin-St-7P 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHY-S\*-ZIP 5.4 CITY - ST - ZIP DELETE ☐ Change Addition 61 TITLE TITLE

6.2 NAME

14. I do 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

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

SIGNATURE:

NAME

STREET ADDRESS

706.578-1881

**FILED** 

Feb 06 1997 8:00am

Secretary of State