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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000020246 (1)

1. Corporation Name

SWANN COPING, INC.

Principal Place of Business

133 OAK ST.
#12
TALLAHASSEE FL 32301

Mailing Address

133 OAK ST.
#12
TALLAHASSEE FL 32301-2659

2. Principal Place of Business

21 4354 Mahan Drive
Suite, Apt. #, etc.

22 City & State
Tallahassee, Fl.

23 Zip Country
32308 Leon

24 32308 25 Leon

2a. Mailing Address

26 4354 Mahan Drive
Suite, Apt. #, etc.

27 City & State
Tallahassee, Fl.

28 Zip Country
32308 Leon

29 32308 30 Leon

9. Name and Address of Current Registered Agent

SHELPER, PENELOPE E
1017-A THOMASVILLE RD.
TALLAHASSEE FL 32303

3. Date Incorporated or Qualified

03/13/1995

3a. Date of Last Report

06/25/1996

4. FEI Number

59-3297159

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SWANN, ROGER L
STREET ADDRESS 133 OAK ST., #12
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE D
NAME SWANN, PATRICIA D
STREET ADDRESS 133 OAK ST., #12
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Roger L. Swann
1.3 STREET ADDRESS 4354 Mahan Dr.
1.4 CITY-ST-ZIP Tallahassee, Fl 32308

2.1 TITLE D
2.2 NAME Patricia D. Swann
2.3 STREET ADDRESS 4354 Mahan Dr.
2.4 CITY-ST-ZIP Tallahassee, Fl. 32308

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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:

Patricia D. Swann 4/28/97 (1996) 921-2315

CR2E034 (9/96)