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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000069213

Country

9. Name and Address of Current Registered Agent

25

2. Principal Place of Business

HINES, JAMES P

315 S. HYDE PARK AVE. TAMPA FL 33606

Suite, Apt. #, etc.

City & 5 tate

Zip

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SWAIN'S FAMILY RESTAURANT, INC.

Mailing Address
3863 U.S. 19 S. PERRY EL 32347

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2a. Mailing Address

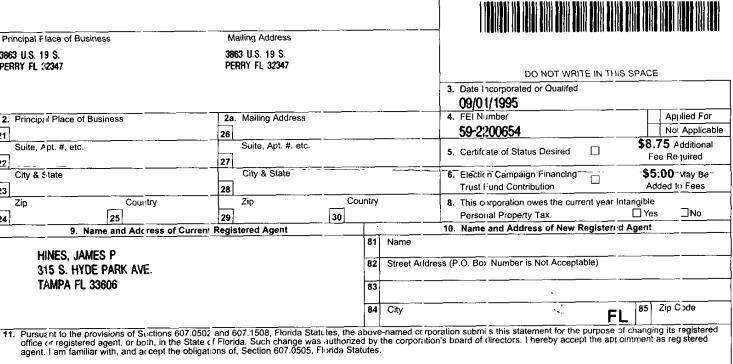
City & State

Zip

Suite, Apt. #, etc.

## FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90081 040 \*\*\*150.00



agent. I am familiar with, and ar cept the obligations of, Section 607.0505, Fronda Statutes.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOT Exegistered Agent signature required when reinstating)  DATE							
12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFF	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D 🗆	DELETE	1.1 TITLE		Change	☐ Addition	
NAME	SWAIN, TOM		12 NAME				
STREET ADDRE 3S	3863 U.S. 19 S.		1.3 STREET ADDRESS				
CITY-ST-ZIP	PERRY FL 32347		1.4 CITY-ST-ZIP				
TITLE		DELETE	2.1 TITLE		☐ Change	☐ Addition	
NAME			2.2 NAME				
STREET ADDRE S			2.3 STREET ADDRESS				
CITY-ST-ZIP			2.4 CITY-ST-ZIP	_			
TITLE		DELETE	3.1 TITLE		Change	☐ Addition	
NAME			3.2 NAME				
STREET ADDRESS			3 3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP		·		
TITLE		DELETE	4.1 TITLE		☐ Change	☐ Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS		1	Ì	
CITY-ST-ZIP			44 CITY-ST-ZIP	_			
TITLE		DELETE	51 TITLE		☐ Change	☐ Addition	
NAME			5.2 NAME			1	
STREET ADDRES S			5.3 STREET ADDRESS			ļ	
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE		Change	☐ Addition	
NAME			6.2 NAME			Ì	
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

Country

81 Name

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83

84 City

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14. Thereby 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 indicate 1 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

YPED OR PININTED NAME OF SIGNING OFFICER OR DIRECTOR