

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 # P95000085579 (7)

1. Corporation Name

EMERALD SWEPT, INC.



Principal Place of Business

C/O BEGGS & LANE, ATTY'S. AT LAW
3 W. GARDEN ST., 7TH FL. BLOUNT BLDG.
PENSACOLA FL 32501

Mailing Address

C/O BEGGS & LANE, ATTY'S. AT LAW
3 W. GARDEN ST., 7TH FL. BLOUNT BLDG.
PENSACOLA FL 32501

2. Principal Place of Business

2a. Mailing Address

21 Sute, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
26 EMERALD SWEPT, INC.
27 Suite, Apt. #, etc.
28 P.O. Box 380605
29 City & State
30 BIRMINGHAM, AL.
31 Zip
32 35238
33 Country

3. Date Incorporated or Qualified
11/07/1995

3a. Date of Last Report

4. FET Number

APPLIED FOR

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

9. Name and Address of Current Registered Agent

LOKMANYA, INC.
227 NORTH BRONOUGH STREET
SUITE 7400
TALLAHASSEE FL 32301

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

(If "Off" Registered Agent Signature required when reappointing)

[Signature]
DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
KOLLARS, BERT D
3 W. GARDEN ST., 7TH FLOOR
PENSACOLA FL 32501
[] DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
KOLLARS, CRAIG G
3 W. GARDEN ST., 7TH FLOOR
PENSACOLA FL 32501
[] DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

VPD
KOLLARS, Bert D
33789 Southridge Rd.
Sioux City, IA 51108
[] Change [] Addition
[] Change [] Addition
PD
KOLLARS, CRAIG G
P.O. Box 380605
BHAM, AL 35238
[] Change [] Addition
(N/A)

000001750080
-03/19/96--01143--023
***200.00

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/96

205-403-8901
Daytime Phone #

CR2E034 (12/95)