

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jun 03 1998 8:00am
Secretary of State

DOCUMENT # P97000028471
Corporation Name
Swarey-Ching, Inc.

Principal Place of Business Mailing Address
132 Star Lane 132 Star Lane
Key West, FL 33040 Key West, FL 33040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/26/97

21 Principal Place of Business	26 Mailing Address	FEI Number 65-0754783	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23 City & State	28 City & State	4. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24 Zip Country	29 Zip Country	5. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	
Name and Address of Current Registered Agent		6. Name and Address of New Registered Agent	

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

81 Name
Linda M. Ching
82 Street Address (P.O. Box Number is Not Acceptable)
89 Sirius Lane
83
84 City
Key West FL 33040

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 *Linda M. Ching, President* DATE 4-22-98
(NOTE: Registered Agent signature required when registering)

OFFICERS AND DIRECTORS

TITLE President ☐ DELETE	1.1 TITLE ☐ Change ☐ Add
NAME Linda M. Ching	1.2 NAME
STREET ADDRESS 89 Sirius Lane	1.3 STREET ADDRESS
CITY-STATE-ZIP Key West, FL 33040	1.4 CITY-STATE-ZIP
TITLE ☐ DELETE	2.1 TITLE ☐ Change ☐ Add
NAME	2.2 NAME
STREET ADDRESS	2.3 STREET ADDRESS
CITY-STATE-ZIP	2.4 CITY-STATE-ZIP
TITLE ☐ DELETE	3.1 TITLE ☐ Change ☐ Add
NAME	3.2 NAME
STREET ADDRESS	3.3 STREET ADDRESS
CITY-STATE-ZIP	3.4 CITY-STATE-ZIP
TITLE ☐ DELETE	4.1 TITLE ☐ Change ☐ Add
NAME	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS
CITY-STATE-ZIP	4.4 CITY-STATE-ZIP
TITLE ☐ DELETE	5.1 TITLE ☐ Change ☐ Add
NAME	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS
CITY-STATE-ZIP	5.4 CITY-STATE-ZIP
TITLE ☐ DELETE	6.1 TITLE ☐ Change ☐ Add
NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS
CITY-STATE-ZIP	6.4 CITY-STATE-ZIP

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***150.00

I 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an authorized officer, director, or trustee of the corporation; and that my name appears in the corporation's records.

Linda M. Ching, President

Linda M. Ching 4/13/98 305-294-9450
6003298