

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000028565 (4)
1. Corporation Name
SWR, INC.



Principal Place of Business C/I ROBERT A. COOKE 851 BULKHEAD RD GREEN COVE SPRINGS FL 32043	Mailing Address P O BOX 1005 GREEN COVE SPRINGS FL 32043
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/27/1997	
21		26	60 LANTEBURY LT 610	4. FEI Number	59-3436036
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For	
22		27		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28	ORANGE PARK, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	25	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		29	32065		
		30	USA		

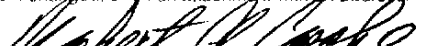
9. Name and Address of Current Registered Agent COOKE, ROBERT A C/I ROBERT A. COOKE 851 BULKHEAD RD GREEN COVE SPRINGS FL 32043		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code
		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT
NAME		1.2 NAME	ROBERT A. COOKE
STREET ADDRESS		1.3 STREET ADDRESS	851 BULKHEAD RD.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	SECRETARY
NAME		2.2 NAME	CAROLYN C. COOKE
STREET ADDRESS		2.3 STREET ADDRESS	851 BULKHEAD RD.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	TREASURER
NAME		3.2 NAME	ROBERT A. COOKE
STREET ADDRESS		3.3 STREET ADDRESS	851 BULKHEAD RD.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR
NAME		4.2 NAME	ROBERT A. COOKE
STREET ADDRESS		4.3 STREET ADDRESS	851 BULKHEAD RD.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR
NAME		5.2 NAME	CAROLYN C. COOKE
STREET ADDRESS		5.3 STREET ADDRESS	851 BULKHEAD RD.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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:  ROBERT A. COOKE 4/20/98 904-794-2075

CR2E034 (10/97)