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Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90022 045 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000044094

1. Corporation Name

William H. Swan & Sons, Inc.

Principal Place of Business

Mailing Address

4616 Homestead Rd.
Jacksonville FL 32210

4616 Homestead Rd.
Jacksonville FL 32210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/15/1997

2. Principal Place of Business

2a. Mailing Address

21 1326 Hollywood Ave.
Suite, Apt. #, etc.

26 1326 Hollywood Ave.
Suite, Apt. #, etc.

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 Jacksonville FL

City & State

28 Jacksonville FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip Country

24 32205

25

Zip Country

29 32205

30

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Jackson, Larry R
4616 Homestead Rd.
Jacksonville FL 32210

81 Name

Jackson, Larry R

82 Street Address (P.O. Box Number is Not Acceptable)

1326 Hollywood Ave.

83

84 City

Jacksonville

FL

85 Zip Code

32205

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

Larry R. Jackson Larry R. Jackson President

3/17/1999

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPST ☐ DELETE
NAME Jackson, Larry R
STREET ADDRESS 4616 Homestead Rd.
CITY-ST-ZIP Jacksonville, FL 32210

1.1 TITLE DPST ☒ Change ☐ Addition
1.2 NAME Jackson, Larry R
1.3 STREET ADDRESS 1326 Hollywood Ave.
1.4 CITY-ST-ZIP Jacksonville, FL 32205

TITLE D ☐ DELETE
NAME Pence, Joseph E
STREET ADDRESS 4616 Homestead Rd.
CITY-ST-ZIP Jacksonville, FL 32210

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME Pence, Joseph E
2.3 STREET ADDRESS 1326 Hollywood Ave.
2.4 CITY-ST-ZIP Jacksonville, FL 32205

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE: *Larry R. Jackson* Larry R. Jackson

3/17/1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2EN34-11/99