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 # **P97000092728**1. Corporation Name

3629 HAWKSHEAD DRIVE

CLERMONT FL 34711-6942

SWADE RESOURCES, INC.

·		
Principal Place of Business		Mailing Address
Principal Flace of Business	٠.	Maining Addi

3629 HAWKSHEAD DRIVE CLERMONT FL 34711-6942

FILED Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90031 018 ***158.75



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

10/27/1997

2. Principal Pl	ace of Business	Business 2a. Mailing Address			4. FEI Number	Apr	olied For		
4		26			75-1778678	Not	Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional				
2		27			5. Certificate of Status Desired	Fee Red	quired_		
City & State	9	City & State			6. Election Campaign Financing S5.00 May Be				
3		28			Trust Fund Contribution	Added to	Fees		
Zip	Country	Zip Country			8. This corporation owes the current year Intangible				
4	25	29 3	0		Personal Property Tax. ☐ Yes X No				
<u> </u>	9. Name and Address of Current F	Registered Agent			10. Name and Address of New Registered	Agent			
	· · · · · · · · · · · · · · · · · · ·	Carallet in	81	Name		•			
BLACKWELL, PAUL			82	82 Street Address (P.O. Box Number is Not Acceptable)					
3629 HAWKSHEAU DRIVE			Street Addre	set Address (F.O. Box Number is Not Acceptable)					
CLERMONT FL 34711			83		· 特別及海绵粉件網體				
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	•		84	City	FI	* 85 Zip C	ode		
11." Pursuant	to the provisions of Sections 607 0502	and 607.1508. Florida Statutes	the above	e-named como	oration submits this statement for the purpose of	changing its	registered		
office or re	egistered agent, or both, in the State of	Florida. Such change was auti	norized by	tne corporatioi	n's board of directors. I hereby accept the appoir	ntment as reg	jistered		
agent. I a	m familiar with, and accept the obligatio	ns or, Section 607.0505, Flond	a Statutes.				٠ ،		
SIGNATURE	Signature, typed or printed name of registered agent at	od title if applicable (NOTE: R	egistered Agen	t signature required	when reinstating) , 7.5.7.7 DATE				
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		C 1778077	☐ Change	☐ Addition		
NAME	BOWLEN, WILLIAM A		1.2 NAME		1.5 (4.68) 2.1				
STREET ADDRESS	3629 HAWKSHEAD DRIVE		1.3 STREET	ADDRESS					
	CLERMONT FL 34711		1.4 CITY-ST	}					
CITY-ST-ZIP TITLE	VTSD	☐ DELETE	2.1 TITLE			Change	Addition		
NAME	BLACKWELL, PAUL	_	2.2 NAME						
STREET ADDRESS	3629 HAWKSHEAD DRIVE		2.3 STREET	ADODESS					
	CLERMONT FL 34711	e e	2.4 CITY-S						
CITY-ST-ZIP		☐ DELETE	3.1 TITLE	1-2,12		☐ Change	Addition		
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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.