

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

AMENDED REPORT FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # P98000000119

1. Corporation Name

99 OCT 21 PM 1:02

SWFIC 2, Inc.

Principal Place of Business

Mailing Address

13800 Tamiami Trail N. #109  
Naples, FL 34110

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

January 2, 1998

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

28

65-0811189

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

City & State

City & State

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

23

27

Trust Fund Contribution

Zip

Country

Zip

Country

8. This corporation owes the current year intangible

Personal Property Tax.

☒ Yes

☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE, FL. 32301

81 Name

JOEL POWLESS

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

6066 RADIO RD.

83

(GREAT FLORIDA SW.)

84 City

NAPLES

FL

85 Zip Code

34104

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 (typed or printed name of registered agent and title if applicable)

President

(NOTE: Registered Agent signature required when reinstating)

10/18/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE

NAME Kevin Surrell

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

PD

☐ Change

☒ Addition

1.2 NAME

Joel J.C. Powless

1.3 STREET ADDRESS

1810 NW 23rd St. #265

1.4 CITY-ST-ZIP

Gainesville, FL 32605

2.1 TITLE

T

☐ Change

☒ Addition

2.2 NAME

Shawana B. Crandall

2.3 STREET ADDRESS

1810 NW 23rd Blvd. #265

2.4 CITY-ST-ZIP

Gainesville, FL 32605

3.1 TITLE

S

☐ Change

☒ Addition

3.2 NAME

Judith C. Powless

3.3 STREET ADDRESS

3 Brook Lane

3.4 CITY-ST-ZIP

FLORA, FL 32839

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

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11/02/99 01037 006

\*\*\*\*\*61.25 \*\*\*\*\*61.25

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:

Signature (typed or printed name of signing officer or director)

10/1/99

(941) 643-2464

Date

Daytime Phone #