


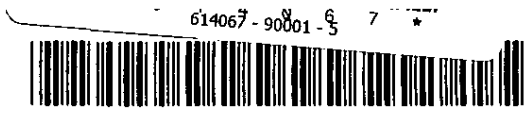
OND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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OCUMENT # **P98000007539**
Corporation Name
SOUTHERN LAND COMPANY OF SWF, INC.

Principal Place of Business 75 PINE RIDGE ROAD FORT MYERS FL 33908	Mailing Address 15775 PINE RIDGE ROAD FORT MYERS FL 33908
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FILED
Sep 10, 1999 8:00 am
Secretary of State
09-10-1999 90001 005 ***550.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/26/1998	
26		27		4. FEI Number <input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
28		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip		Zip			
25		30			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BACKSTROM, KATHRYN 15775 PINE RIDGE ROAD FORT MYERS FL 33908				81 Name Kelly, Kathryn	
				82 Street Address (P.O. Box Number is Not Acceptable) 15775 Pine Ridge Road	
				83	
				84 City Fort Myers FL 85 Zip Code 33908	

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.

NATURE *Kathryn Kelly* DATE **8/31/99**

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1.1 TITLE		P Kathryn Kelly	
1.2 NAME		15775 Pine Ridge Road	
1.3 STREET ADDRESS		Fort Myers, FL 33908	
1.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2.1 TITLE		V Debra K. Simpson	
2.2 NAME		15775 Pine Ridge Road	
2.3 STREET ADDRESS		Fort Myers, FL 33908	
2.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
3.1 TITLE		T/S	
3.2 NAME		Kathleen Kelly	
3.3 STREET ADDRESS		15775 Pine Ridge Road	
3.4 CITY-ST-ZIP		Fort Myers, FL 33908	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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.

GNATURE *M. Kathryn Kelly* REQUIRED *M. Kathryn Kelly* 8/31/99 482-7706

CR3E034 (5/99)