


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

**FILED**  
**Feb 19, 1999 8:00 am**  
**Secretary of State**

02-19-1999 90070 033 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000018267**

1. Corporation Name  
**SWAMP WATER BAR, INC.**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/25/1998

4. FEI Number

65-0828531

Applied For

Not Applicable

5. Certificate of Status Desired ☐
**\$8.75 Additional**  
**Fee Required**
6. Election Campaign Financing ☐
**\$5.00 May Be**  
**Added to Fees**

8. This corporation owes the current year Intangible  
 Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21  
 Suite, Apt. #, etc.

22. City &amp; State

23. Zip Country

24. Zip Country

2a. Mailing Address

26  
 Suite, Apt. #, etc.

27. City &amp; State

28. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

**DORSKY, ERIC**  
**4430 S.W. 64TH AVE.**  
**DAVE FL 33314**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 807.0502 and 807.1508, 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 807.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**BILLIE, JAMES**  
**HC 61 BOX 46**  
**CLEWISTON FL 33440**

TITLE ☐ DELETE

**D**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**CYPRESS, MITCHELL**  
**HC 61 BOX 46**  
**CLEWISTON FL 33440**

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**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)