

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

4150

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90034 024 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000056777

1. Corporation Name
SWENSON & ASSOCIATES, INC.

Principal Place of Business
2650 N.E. 52ND. STREET
LIGHTHOUSE POINT FL 33064-7052

Mailing Address
2650 N.E. 52ND. STREET
LIGHTHOUSE POINT FL 33064-7052

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/24/1998

4. FEI Number
65-0862569

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **\$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 **18385 Lake Bend Dr**
Suite, Apt. #, etc.

2a. Mailing Address
26 **18385 Lake Bend Dr**
Suite, Apt. #, etc.

23 **Jupiter FL**
City & State
Zip Country

27 **Jupiter FL**
City & State
Zip Country

24 **33458** 25 **33458** 30

9. Name and Address of Current Registered Agent

WILLIAMS, STEPHEN G
2650 N.E. 52ND. STREET
LIGHTHOUSE POINT FL 33064-7052

10. Name and Address of New Registered Agent

81 Name **Swenson, Scott**
82 Street Address (P.O. Box Number is Not Applicable)
18385 Lake Bend Drive
83
84 City **Jupiter FL** 85 Zip Code **33458**

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.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DPST SWENSON, SCOTT**
STREET ADDRESS **540 N. OCEAN DR. STE. 201**
CITY-ST-ZIP **SINGER ISLAND FL 33404-2547**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **18385 Lake Bend Drive**
1.4 CITY-ST-ZIP **Jupiter FL 33458**

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

CR2F034 (11/98)