

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90190 006 ***150.00

DOCUMENT # P98000067336

1. Corporation Name

SWIRL 360, INC.

Principal Place of Business

50 NORTH LAURA STREET
3300 BARNETT CENTER
JACKSONVILLE FL 32202

Mailing Address

50 NORTH LAURA STREET
3300 BARNETT CENTER
JACKSONVILLE FL 32202



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1998

4. FEI Number

59-3524750

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.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 GELFAND,
RENNERT & FELDMAN
Suite, Apt. #, etc.

27 1880 CENTURY PARK EAST

28 City & State #1600
LOS ANGELES, CA

29 Zip

90067

30 Country

USA

9. Name and Address of Current Registered Agent

RAX CO.
C/O MCGUIRE WOODS BATTLE & BOOTHE LLP
50 NORTH LAURA STREET 3300 BARNETT CENTER
JACKSONVILLE FL 32202

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SCOTT, KENNETH ROY
STREET ADDRESS 50 NORTH LAURA STREET 33RD FLOOR
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE D ☐ DELETE

NAME SCOTT, CHARLES DENNIS
STREET ADDRESS 50 NORTH LAURA STREET 33RD FLOOR
CITY-ST-ZIP JACKSONVILLE FL 32202

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 SCOTT, KENNETH ROY
1.3 STREET ADDRESS 1880 CENTURY PARK EAST #1600
1.4 CITY-ST-ZIP LOS ANGELES, CA 90067

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME SCOTT, CHARLES DENNIS
2.3 STREET ADDRESS 1880 CENTURY PARK EAST #1600
2.4 CITY-ST-ZIP LOS ANGELES, CA 90067

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

4/26/1999

Daytime Phone #

CR2E034 (11/98)