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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000068429

SWANGO INCORPORATED

Principal Place of Business								
6742 - 33RD AVE. N.								
ST. PETERSBURG FL 33710								

Mailing Address

6742 - 33RD AVE. N

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90137 005 ***150.00



ST. PETERSBU			ST. PETERSBURG FL 33710			DO NOT WRITE IN THIS	SPACE	
							J SI ACE	
						3. Date Incorporated or Qualifed 08/01/1998		İ
2. Principal P	lace of Business	2a.	Mailing Address			4. FEI Number	<u> </u>	plied For
21		26				59-3525897		t Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.	,		5. Certifcate of Status Desired	\$8.75 A Fee Re	
City & Stat			City & State			6. Election Campaign Financing	\$5.00	May Be
23		28	, -			Trust Fund Contribution	Added t	
Zip	Country		Zip	Country	'	8. This corporation owes the current year Ir	ntangible	
24	25	29	· [3	30		Personal Property Tax.	☐ Yes	□No
<u></u>	9. Name and Address of Curre					10. Name and Address of New Registered	Agent	
	5. Name and Address of Care	orne recognition		81	Name			
SWA	NGO, WILLIAM B							
6742 - 33RD AVE. N.				82	Street Add	ress (P.O. Box Number is Not Acceptable)		İ
	PETERSBURG FL 33710			83				
31.	I ETENOBONO TE SOTTO			03		<u> </u>		
	•			84	City	· Fi	85 Zip (Code
			7 1509 Florida Statute	c the above	e-named corr	poration submits this statement for the purpose of	of changing its	registered
office or	registered agent or both in the Stat	a of Florida	a. Such change was au	tnonzea ov	the corporal	ion's board of directors. I hereby accept the appoint	ointment as re	gistered
agent. I a	am familiar with, and accept the oblig	gations of,	Section 607.0505, Flori	da Statutes	S.			
SIGNATURE								
-	Signature, typed or printed name of registered as				nt signature require	ed when reinstating) DATE		
12.	OFFICERS A	AND DIREC		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D		☐ DELETE	1.1 TITLE			Change	Addition
NAME	SWANGO, WILLIAM B			1.2 NAME				
STREET ADDRESS	ATTA AND AVE N			1.3 STREE	T ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33710			1.4 CITY-S	ST-ZIP	•		
TITLE	D		☐ DELETE	2.1 TITLE			Change	☐ Addition
	SWANGO, JENNIFER A			2.2 NAME	1			
NAME	OTAG DODD AVE N							
STREET ADDRESS					TADDRESS			-
CITY-ST-ZIP	ST. PETERSBURG FL 33710			2. 4 CITY-	ST-ZIP		☐ Change	☐ Addition
TITLE			☐ DELETE	3.1 TITLE	1	•	□ Change	[] Addition
NAME	1			3.2 NAME				
STREET ADDRESS	s			3.3 STREE	T ADDRESS			
CITY-ST-ZIP				3.4. CITY-	ST-ZIP			
TITLE			☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME				4. 2 NAME		A		
STREET ADDRESS				4.3 STREE	TADDRESS			
CITY-ST-ZIP				4.4 CITY-5				
TITLE		-	☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME	,			5.2 NAME		· · · · · · · · · · · · · · · · · · ·		
					T ADDRESS			
STREET ADDRESS				5.4 CITY-5		. ,		
CITY-ST-ZIP			☐ DELETE	6.1 TITLE			Change	☐ Addition
TITLE				6.2 NAME			g-	
NAME								
STREET ADDRESS	5				TADORESS			
				64 CITY-5	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: