T.W. CONELY, JR. 1892-1969 TOM W. CONELY, III DEBORAH M. HOOKER TELEPHONE - (941) 763-3825

TELEPHONE - (941) 763-2767

FACSIMILE - (941) 763-6856

October 11, 1999

#####35.00 *####\$5.00

Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

Re: W. H. SWAN & ASSOCIATES, INC.

Gentlemen:

Enclosed please find Statement of Change of Registered Office and Registered Agent for the above corporation, together with my check in the amount of \$35.00 representing payment of the filing fee.

Sincerely,

Tom W. Conely, III

Som It. Condy 1th

TWC,III/bjl

Enc.

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SECRETARY OF STATE
TAIL AHASSEE, FLORIDI

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Charter No.	
Date Filed	

STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT

ursuant to the provisions of Sections 607.0501 and 607.0502, or 607.1508. Florida Statutes, the

g e	ned corporation, organized under the laws of the State of Florida, submits the following statement for purpose of changing its registered office and registered agent in the State of Florida.
	The name of the corporation is: W. H. SWAN & ASSOCIATES, INC.
	The name and address of its present registered agent is:
	TOM W. CONELY, III, 401 N.W. 6th Street AS 9 Okeechobee, Florida 34972
	The name and street address to which its registered agent is to be changed is: (P.O. BOX NOT ACCEPTABLE)
	WILLIAM H. SWAN, 1140 N.E. 342nd Trail, Okeechobee, Florida 34972
	THE OF THE PERSON OF THE PERSO
	The street address of its registered office and the street address of the business office of its registered agent, as changed, are identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer of the corporation so authorized by the board of directors. William H. Swan, President (Typed or printed name and title) Signature (President or Vice President) Date August 3, 1999
II	VING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE OVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY CEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER D COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE LIGATION OF MY POSITION AS REGISTERED AGENT UNDER SECTION 607.0505, FLORIDA TUTES.
	ase Print/Type Name William H. Swan
7 1	nature Millan & Kur
t	(Agent)