

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

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90121 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # V01081

1. Corporation Name

MALLORY SWINSON INSURANCE AGENCY, INC.

Principal Place of Business
308 S MARIAM LAKE DR
WINTER HAVEN FL 33884
US

Mailing Address
308 S MARIAM LAKE DR
WINER HAVEN FL 33884
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 3170 COBBLESTONE DRIVE		26 3170 COBBLESTONE DRIVE		01/01/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0298136	
City & State		City & State		Applied For	
23 PACE FLORIDA		28 PACE FLORIDA		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 32571		29 32571		30 SANTA ROSA	
Country		Country		8.75 Additional Fee Required	
25 SANTA ROSA		30 SANTA ROSA		6. Election Campaign Financing	
				Trust Fund Contribution	
				8. This corporation owes the current year Intangible	
				Personal Property Tax.	
				Yes No	

9. Name and Address of Current Registered Agent

SWINSON, MALLORY
308 S MARIAM LAKE DR
33884R HAVEN FL 33065

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	3170 COBBLESTONE DRIVE
83	
84 City	PACE
85 Zip Code	FL 32571

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	PD	<input type="checkbox"/> DELETE
NAME	SWINSON, MALLORY	
STREET ADDRESS	308 S LAKE MARIAM DR	
CITY-ST-ZIP	WINER HAVEN FL	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	SWINSON, EDWARD	
STREET ADDRESS	308 S LAKE MARIAM DR	
CITY-ST-ZIP	WINER HAVEN FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SWINSON, DANIEL	
STREET ADDRESS	308 S LAKE MARIAM DR	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3170 COBBLESTONE DRIVE
1.4 CITY-ST-ZIP	PACE, FLORIDA 32571
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3170 COBBLESTONE DRIVE
2.4 CITY-ST-ZIP	PACE, FLORIDA 32571
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	3170 COBBLESTONE DRIVE
3.4 CITY-ST-ZIP	PACE, FLORIDA 32571
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Mallory Swinson* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 1, 1999

850-994-5195

Date

Daytime Phone #

CR2E034 (11/98)