

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Evelyn B. Norton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 5:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V02383 (0)**

1. Corporation Name
SWIM-TIME, INC.

Principal Place of Business: **BOX 181897 CASSELBERRY FL 32718-8897**
Mailing Address: **BOX 181897 CASSELBERRY FL 32718-8897**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/13/1991**
3a. Date of Last Report Applied For: **05/01/1994**
4. FEI Number: **59-3098555**
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 has liability for intangible tax under 1994 Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
State Apt # of: **22**
State Apt # of: **27**
City & State: **23**
City & State: **28**
City: **24**
City: **25**
City: **29**
City: **30**

9. Name and Address of Current Registered Agent
**SIMS, DAVID A.
500 E ALTAMONTE DR
SUITE 200
ALTAMONTE SPRINGS FL 32701**

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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* *[Signature]*

12. OFFICERS AND DIRECTORS
12.1 NAME: **PS LOVETT, DAN**
12.2 STREET ADDRESS: **708 LIGHTHOUSE CT ALTAMONTE SPRINGS FL**
12.3 NAME: **VT LOVETT, VICKI**
12.4 STREET ADDRESS: **708 LIGHTHOUSE CT ALTAMONTE SPRINGS FL**
12.5 NAME:
12.6 STREET ADDRESS:
12.7 NAME:
12.8 STREET ADDRESS:
12.9 NAME:
12.10 STREET ADDRESS:
12.11 NAME:
12.12 STREET ADDRESS:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
13.1 NAME: Change Addition
13.2 NAME: **13405 MARLEIGH CT ORLANDO FL 32808**
13.3 NAME: Change Addition
13.4 NAME: **13405 MARLEIGH CT ORLANDO FL 32808**
13.5 NAME: Change Addition
13.6 NAME: Change Addition
13.7 NAME: Change Addition
13.8 NAME: Change Addition
13.9 NAME: Change Addition
13.10 NAME: Change Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and deemed and qualify for the description stated in Section 119.02(3)(b), Florida Statutes. I further certify that the information included 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 personally. 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.

SIGNATURE: *[Signature]* **VICKI LOVETT, VP/TREAS** 4-30-95 (407) 237-4772