

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -3 PM 3:15

DOCUMENT # **V58503**

(6)

1. Corporation Name

SWIFT RESTORATION CO.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**1830 HUNTINGTON LANE
ROCKLEDGE FL 32955**

Mailing Address

**1830 HUNTINGTON LANE
ROCKLEDGE FL 32955**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/19/1992

3a. Date of Last Report

01/20/1994

4. FEI Number

59-3136855

Applied For

Not Applicable

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 S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WOODS, WALTER F.
1830 HUNTINGTON LANE
ROCKLEDGE FL 32955**

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

**VSD
SWAIN, MARVIN
210 DIANA BLVD.
MERRITT ISLAND FL**

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

**PTD
WOODS, WALTER
2497 DIANNE DR
COCOA FL**

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME

1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

**PTD
TRIPPLETON, KEVIN
536 Nicklaus Circle
Cocoa, FL 32927**

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME

2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

**VSD
THOMAS, RICHARD D.
6977 Dahlia Drive
Cocoa, FL 32927**

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME

3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

**D
WOODS, WALTER F.
2497 Dianne Drive
Cocoa, FL 32926**

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME

4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME

5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME

6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE:

Kevin Trippleton

1-20-95

639-9009

(Signature and Typed or Printed Name of Signing Officer or Director)

(Date)

(Typed Phone #)