

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

FILED

May 14 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 134345 (8)**  
 1. Corporation Name  
**SWINDAL-POWELL COMPANY**

Principal Place of Business <b>7750 PHILLIPS HIGHWAY</b> <b>P.O. BOX 24428</b> <b>JACKSONVILLE FL 32241-1428</b>	Mailing Address <b>7750 PHILLIPS HIGHWAY</b> <b>P.O. BOX 24428</b> <b>JACKSONVILLE FL 32241-4428</b>
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<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	<b>2a. Mailing Address</b> 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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<b>3. Date Incorporated or Qualified</b> <b>04/29/1937</b>	<b>3a. Date of Last Report</b> <b>03/18/1996</b>
<b>4. FEI Number</b> <b>59-0473160</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**SWINDAL, MICHAEL P.**  
**7500 PHILLIPS HIGHWAY**  
**JACKSONVILLE FL 32217**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	ST	<input type="checkbox"/> DELETE
NAME	COOK, DAVID F	
STREET ADDRESS	7750 PHILLIPS HIGHWAY	
CITY-ST-ZIP	JACKSONVILLE, FL 0	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SWINDAL, MICHAEL P.	
STREET ADDRESS	7750 PHILLIPS HIGHWAY	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	WAINWRIGHT, ROBERT P SR	
STREET ADDRESS	7750 PHILLIPS HIGHWAY	
CITY-ST-ZIP	JACKSONVILLE, FL 0	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WAINWRIGHT, ROBERT P JR	
STREET ADDRESS	1777 N.W. 72ND AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SWINDAL, KENNETH O.	
STREET ADDRESS	1777 N.W. 72ND AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SWINDAL, FREDERICK L, S	
STREET ADDRESS	4920 ADAMO DRIVE	
CITY-ST-ZIP	TAMPA FL	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	7750 Phillips Highway
4.4 CITY-ST-ZIP	Jacksonville, FL 32256
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 checked="" type="checkbox"/> Addition
6.2 NAME	VP
6.3 STREET ADDRESS	J.F. Swindal, III
6.4 CITY-ST-ZIP	1777 N.W. 72nd Ave
	Miami, FL

**14. I do 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.**

**SIGNATURE:**  **4/30/97** **904-739-0100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)