

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90018 045 ***150.00

DOCUMENT # 134345

1. Entity Name
SWINDAL-POWELL COMPANY



Principal Place of Business

7750 PHILLIPS HIGHWAY
P.O. BOX 24428
JACKSONVILLE, FL 32241-1428

Mailing Address

7750 PHILLIPS HIGHWAY
P.O. BOX 24428
JACKSONVILLE, FL 32241-1428

2. Principal Place of Business

P.O. Box 39

3. Mailing Address

P.O. Box 39

Suite, Apt. #, etc.

P.O. Box 39

Suite, Apt. #, etc.

City & State

East Palatka, FL

City & State

East Palatka, FL

Zip

32131

Country

USA

Zip

32131

Country

USA

02172004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-0473160

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SWINDAL, MICHAEL P.
7500 PHILLIPS HIGHWAY
JACKSONVILLE, FL 32217

7. Name and Address of New Registered Agent

Name **Robert P. Wainwright, Jr.**

Street Address (P.O. Box Number is Not Acceptable)

128 Magnolia Drive

City

East Palatka

FL

Zip Code

32131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **BD** ☐ Delete
NAME **SWINDAL, MICHAEL P.**
STREET ADDRESS **7750 PHILLIPS HIGHWAY**
CITY-ST-ZIP **JACKSONVILLE, FL**

TITLE **BD** ☐ Delete
NAME **POSNER, NANCY W**
STREET ADDRESS **7750 PHILLIPS HIGHWAY**
CITY-ST-ZIP **JACKSONVILLE, FL**

TITLE **P** ☐ Delete
NAME **WAINWRIGHT, ROBERT P JR**
STREET ADDRESS **7750 PHILLIPS HWY**
CITY-ST-ZIP **JAX, FL**

TITLE **VP** ☐ Delete
NAME **SWINDAL, KENNETH O.**
STREET ADDRESS **1777 N.W. 72ND AVE.**
CITY-ST-ZIP **MIAMI, FL**

TITLE **VP** ☐ Delete
NAME **SWINDAL, J F III**
STREET ADDRESS **1777 NW 72ND AVE**
CITY-ST-ZIP **MIAMI, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **190 Corsica Street**
CITY-ST-ZIP **Tampa, FL 33602**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **P.O. Box 1061**
CITY-ST-ZIP **Social Circle, GA 30025**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **128 Magnolia Drive**
CITY-ST-ZIP **East Palatka, FL 32131**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **13231 SW 105 Avenue**
CITY-ST-ZIP **Miami, FL 33176**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **9105 SW 85 Terrace**
CITY-ST-ZIP **Miami, FL 33173**

TITLE ☐ Change ☒ Addition
NAME **Swindal, Stephen W.**
STREET ADDRESS **131 West Davis Blvd.**
CITY-ST-ZIP **Tampa, FL 33606**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/9/04

386-328-4268