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

DOCUMENT # 819862

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-05/28/96--01025--022
***200.00

1. Corporation Name

Swisher International, Inc.

Principal Place of Business / Mailing Address

459 East 16th St.
Jacksonville, FL 32203

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/08/66
3a. Date of Last Report: 5/1/95

2. Principal Place of Business
21 459 East 16th St. (Suite, Apt. #, etc.)
22 (Suite, Apt. #, etc.)
City & State: 23 Jacksonville, Fl.
Zip: 24 32203 Country: 25 USA

2a. Mailing Address
26 20 Thorndal Circle (Suite, Apt. #, etc.)
27 1st Floor
City & State: 28 Darien, CT
Zip: 29 06820 Country: 30 USA

4. FEI Number: 59-1150320 ☐ 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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent

CT Corporation System
1200 S. Pine Island Road

Plantation, FL 33324

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. 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	President
NAME	Timothy Mann
STREET ADDRESS	459 E. 16th St., Jacksonville, FL
CITY - ST - ZIP	
TITLE	Vice-President
NAME	John Fraleigh
STREET ADDRESS	459 E. 16th St. Jacksonville, FL
CITY - ST - ZIP	
TITLE	Vice-President
NAME	Justo S. Amato
STREET ADDRESS	459 E. 16th St. Jacksonville, FL
CITY - ST - ZIP	
TITLE	Vice-President
NAME	Nicholas Cevera
STREET ADDRESS	459 E. 16th St. Jacksonville, FL
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

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY - ST - ZIP		☐ Change ☐ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY - ST - ZIP		☐ Change ☐ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY - ST - ZIP		☐ Change ☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY - ST - ZIP		☐ Change ☐ Addition CE 5/28/96
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY - ST - ZIP	Vice-President J. Thomas Ryan 459 E. 16th St., Jacksonville, FL	☐ Change [X] Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY - ST - ZIP	Vice-President Robert A. Britton 20 Thorndal Circle, Darien, CT	☐ Change [X] 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 119.07(3)(k), 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: Robert A. Britton — Robert A. BRITTON — 05/01/96 — 203-655-9035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

5W1160 1.000