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

**PROFIT CORPORATION ANNUAL REPORT** 

1997

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

JACKSONVILLE FL

459 E. 16TH. ST.

JACKSONVILLE FL

RYAN, J THOMAS

JACKSONVILLE FL

BRITTON, ROBERT A

20 THORNDAL CIRCLE

459 E. 16TH ST.

CEVERA, NICHOLAS J.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 819862

(4)

SWISHER INTERNATIONAL, INC.

LILED									
Jun 19 1997 8:00am									
Secretary of State									

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CH CD

Suite, Apt. #, etc.  22  City & State  City & State  Zip  Country  Suite, Apt. #, etc.  5. Certificate of Status Desired  Fee Required  Fee Required  \$8.75 Additional Fee Required  Fee Required  \$5.00 May Be Added to Fees  Country  8. This corporation has liability for intangible tax under s. 199.032,	Principal Place of Business Mailing Address										
DARIEN CT 08820-5421  3. Date incorporated or Qualified											
Principal Place of Business   2a. Mailing Address   4. FEI Number   Applied For   Ap	AVOIDOUAITE	I L GEEGO									
Suite, Apt. #, etc.  Suite, Ap										eport	
Suite, Apt. #, etc.    Suite, Apt. #, etc.	2. Principal Place of Business 2a. Mailing Address				-						
City & State  Ci	21	21 26				<b>59-1150320</b> Not A			t Applicable		
28	<b>├</b> ─┐ ' '						5. Certificate of Status Desired	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Zip Country Zip Country Zip Country Sip Country Sip Singular Statutes Singular Signalur Signa	City & Stat						6. Election Campaign Financing		\$5.00	May Be	
25	23						Trust Fund Contribution		Added t	lo Fees	
P. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324  81 Name 82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the Covisions of Soditors 607 1502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am feet agent the properties of specific agent and life if applicable gave a sufficiency of the corporation's board of directors. I horeby accept the appointment as registered agent. I am feet agent and life if applicable (NOTE Registered Agent signature required when reinstanting)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  MANN, TIMOTHY  12. ASSIGNATURE  MANN, TIMOTHY  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  MANN, TIMOTHY  14. City St. Zip  TITLE  V DELETE  14. CITY-St. Zip  TITLE  V DELETE  21. TITLE  V DELETE  22. NAME  FRALEIGH, JOHN E.  459 E. 16TH. ST.  23. SIREFI ADDRESS  CITY-ST. Zip  JACKSONVILLE FL  13. TITLE  V DELETE  24. City  25. TITLE  V DELETE  24. City  25. TITLE  V DELETE  24. City  25. TITLE  V DELETE  25. SIREFI ADDRESS  CITY-ST. Zip  AMATO, JUSTO S.  37. MANE  AMATO, JUSTO S.	Zip	Country	<b>⊢</b> ′	— - ·	intry		· · · · · · · · · · · · · · · · · · ·			. 199.032,	
TILE NAME SIREET ADDRESS CITY-ST-ZIP V DELETE 2.3 SIREFT ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL DELETE 2.3 SIREFT ADDRESS CITY-ST-ZIP JACKSONVILLE FL DELETE 2.3 SIREFT ADDRESS CITY-ST-ZIP JACKSONVILLE FL DELETE 2.3 SIMME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL DELETE 2.3 SIMME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL DELETE 3.3 ZIMME AMATO, JUSTO S. DELETE 2.3 ZIMME AMATO, JUSTO S. DELETE 3.3 ZIMME AMATO, JUSTO S. DELETE 2.3 ZIMME AMATO, JUSTO S. DELETE 2.3 ZIMME AMATO, JUSTO S. DELETE 3.3 ZIMME AMATO, JUSTO S. DELETE 2.3 ZIMME AMATO, JUSTO S. DELETE 3.3 ZIMME AMATO, JUS	24			30	·		The rest of the second				
11. Pursuant to the devisions of Sections 607 (502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. Thereby accept the appointment as registered office or registered of directors. Thereby accept the appointment as registered agent and title if applicable (NOTE fleg stered Agent signature required when reinstance). DATE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TILE  MANN, TIMOTHY  1.2 NAME  MANN, TIMOTHY  1.3 SIREET ADDRESS  CITY-ST-ZIP  ITILE  NAME  FRALEIGH, JOHN E.  2.2 NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE  2.1 TITLE  AMATO, JUSTO S.  3.2 NAME  AMATO, JUSTO S.  3.2 NAME  AMATO, JUSTO S.	07.4						10. Name and Address of New Re	gistered Age	<u>nt</u>		
PLANTATION FL 33324  84 City  FL 85 Zip Code  11. Pursuant to the downsions of Sodions 607 (502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am Just Haaring, up of per life appendix of, Section 607,0905, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and life if any feedate  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  MANN, TIMOTHY  12. NAME  MANN, TIMOTHY  459 E. 16TH. ST.  13. SIREET ADDRESS  CITY-ST-ZIP  TITLE  MAKE  FRALEIGH, JOHN E.  22 NAME  STREET ADDRESS  STRE					01	Name					
11. Pursuant to the provisions of Socions 607, 502 and 607, 502 and 607, 1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent. I am not kight with and subject the Adjections of Socion 607, 0505, Florida Statules.    12.					82	Street Add	dress (P.O. Box Number is Not Acceptable)				
11. Pursuant to the provisions of Sections 607 (502) and 607 (508) Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered register, but the provisions of Section 607 (508) Fiorida Statutes, the above-named corporation's board of directors. Thereby accept the appointment as registered agent. I am Jee Rigatority, but appears the purpose of changing its registered agent. I am Jee Rigatority and the purpose of changing its registered agent. I am Jee Rigatority accept the appointment as registered agent and tike if applicable (NOT). Registered Agent aignature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  MANN, TIMOTHY  459 E. 16TH. ST.  JACKSONVILLE FL  JACKSONVILLE FL	PLANIATION PL 33324								<del></del>	····	
11. Pursuant to the provisions of Sections 607, 1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am / as it author, not so that the purpose of changing its registered agent. I am / as it author, not so the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am / as it author, not so the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered agent. I am / as it author, not so the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered agent. I am / as it author, not so the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered agent. I am / as it applicable.  SIGNATURE    Signature, lysed or penied name of registered agent and title. If applicable   (NOTE fleg stored Agent signature required when reinstating)   DATE					63						
SIGNATURE   Signature, typed or protect name of registered agent and title if appticable   INOTE Registered Agent signature required when reinstating)   DATE		1						F1	·		
SIGNATURE   Signature, typed or protect name of registered agent and title if appticable   INOTE Registered Agent signature required when reinstating)   DATE	11. Pursuant office or	to the provisions of Sections 607 registered rapht, or both, in the	502 and 607.1508, Florida Stateto, of Florida, Such change wa	tutes, the al	bove d by	e-narned corpora	poration submits this statement for the pation's board of directors. Thereby accep	urpose of cha t the appoint	inging it: ment as	s registered registered	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE P DELETE 1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME FRALEIGH, JOHN E. 22 NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 1.1 TITLE V DELETE 2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 1.2 NAME 2.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 2.1 TITLE V Change Addition DELETE 2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 3.3 STREET ADDRESS CITY-ST-ZIP AGKSONVILLE FL 2.1 TITLE V Change Addition DELETE 3.1 TITLE V Change Addition Change Addition DELETE 3.1 TITLE NAME AMATO, JUSTO S. 32 NAME	agent. La	im/arikiariwith, was adsept the	blideligns of, Section 607.0505,	Florida Stat	lute	6.					
12.         OFFICERS AND DIRECTORS         13.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12           TITLE         P         DELETE         1.1 TITLE         Change         Addition           NAME         MANN, TIMOTHY         12 NAME         1.2 NAME         1.3 STREET ADDRESS         1.3 STREET ADDRESS         1.4 CITY - ST - ZIP         1.4 CITY - ST - ZIP         Change         Addition           NAME         FRALEIGH, JOHN E.         2.2 NAME         2.2 NAME         459 E. 16TH. ST.         2.3 STREET ADDRESS         2.4 CITY - ST - ZIP         2.3 STREET ADDRESS         2.4 CITY - ST - ZIP         Change         Addition           TITLE         V         DELETE         3.1 TITLE         Change         Addition           NAME         AMATO, JUSTO S.         3.2 NAME         3.2 NAME         3.2 NAME	SIGNATURE	Ca 100170 100	av-	15.75 5						MINIST WINE ASSESS	
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NAME	· · · · · · · · · · · · · · · · · · ·	P			11 F		Abbillotto, of Attock To of the				
STREET ADDRESS	· ·	MANN, TIMOTHY									
CITY-ST-ZIP						ADDRESS					
DELETE   Change   Addition		IACKSONIALLE EL									
NAME   FRALEIGH, JOHN E.   22 NAME		V				1-21r	Chance			Addition	
STREET ADDRESS   459 E. 16TH. ST.	1	FRALEIGH, JOHN F.	La secre						onango		
City-St-ZiP         JACKSONVILLE FL         2.4 City-St-ZiP           TiTLE         V         DELETE         3.1 TiTLE         Change         Addition           NAME         AMATO, JUSTO S.         32 NAME	l '					ADDRECC					
TITLE V DELETE 3.1 TITLE Change Addition  NAME AMATO, JUSTO S. 32 NAME						ľ	# ·				
NAME AMATO, JUSTO S. 32 NAME		V	DELETE			51-211			Change	Addition	
	1	AMATO JUSTO S.	DELETE						onango	العامل الم	
	I					Y D D D C C C					

**DARIEN CT** 6.4 CITY - \$1 - ZIP CITY-ST-ZIP 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 deportation or the received 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 or an additionant with an address.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY - ST - ZIP

3.4. CITY - S1 - ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

**5.2 NAME** 

6.1 THILE

6.2 NAME

DELETE

DELETE

DELETE

Change

Change

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Addition

Addition

Addition