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FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 819862 (4)
1. Corporation Name
SWISHER INTERNATIONAL, INC.

Principal Place of Business 459 EAST 16TH STREET JACKSONVILLE FL 32203	Mailing Address 20 THORNDALE CIRCLE 1ST FLOOR DARIEN CT 06820
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/08/1966	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1150320		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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	
85 Zip Code		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	SECRETARY - (ASSISTANT)
NAME	MANN, TIMOTHY	1.2 NAME	RALPH CORASANTI
STREET ADDRESS	459 E. 16TH. ST.	1.3 STREET ADDRESS	20 THORNDALE ROAD
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	DARIEN, CT 06820
TITLE	V	2.1 TITLE	
NAME	FRALEIGH, JOHN E.	2.2 NAME	
STREET ADDRESS	459 E. 16TH. ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	
NAME	AMATO, JUSTO S.	3.2 NAME	
STREET ADDRESS	459 E. 16TH. ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	CEVERA, NICHOLAS J.	4.2 NAME	
STREET ADDRESS	459 E. 16TH. ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	RYAN, J THOMAS	5.2 NAME	
STREET ADDRESS	459 E. 16TH. ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	
NAME	BRITTON, ROBERT A	6.2 NAME	
STREET ADDRESS	20 THORNDALE CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	DARIEN CT	6.4 CITY-ST-ZIP	

14. 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 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: *Ralph P. Corasanti* RALPH P. CORASANTI 5/1/98 203-456-8100

CR2E034 (10/97)