

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morinam
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # F97979 (1)

**1. Corporation Name
SWEARINGEN-LORD EQUIPMENT COMPANY, INC.**

**Principal Place of Business Mailing Address
2948 HWY 71 2948 HWY 71
P.O. BOX 1525 P.O. BOX 1525
MARIANNA FL 32446 MARIANNA FL 32446**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/02/1982 3a. Date of Last Report 02/07/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26 Swearingen-Lord Equip Co		59-2216389		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27 P.O. Box 1525		<input type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28 Marianna, Fl		<input type="checkbox"/>			
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S 199.032, Florida Statutes			
24	25	29 32447	30 Jackson	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SWEARINGEN, GLENDA F. 202 E LAFAYETTE ST MARIANNA FL 32446				B1 Name Glenda F. Swearingen			
				B2 Street Address (P.O. Box Number is Not Acceptable) 4431 Lafayette Street			
				B3 City Marianna, Fl 32446			
				B4 City FL			B5 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 of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEARINGEN, J.D., JR.	12 NAME	
STREET ADDRESS	4231 SOUTH STREET	13 STREET ADDRESS	
CITY, ST, ZIP	MARIANNA FL	14 CITY, ST, ZIP	
TITLE	VD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORD, JAMES D.	22 NAME	
STREET ADDRESS	2782 SOUTH RIDGE LANE	23 STREET ADDRESS	
CITY, ST, ZIP	MARIANNA FL	24 CITY, ST, ZIP	
TITLE	STD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORD, BRENDA J.	32 NAME	
STREET ADDRESS	2782 SOUTH RIDGE LANE	33 STREET ADDRESS	
CITY, ST, ZIP	MARIANNA FL	34 CITY, ST, ZIP	
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEARINGEN, J.D., SR.	42 NAME	
STREET ADDRESS	4317 SOUTH STREET	43 STREET ADDRESS	
CITY, ST, ZIP	MARIANNA FL	44 CITY, ST, ZIP	
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEARINGEN, RENA	52 NAME	
STREET ADDRESS	4317 SOUTH STREET	53 STREET ADDRESS	
CITY, ST, ZIP	MARIANNA FL	54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.032 (b), 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 of this report, or on an attachment with an address.

SIGNATURE: *J.D. Swearingen, Jr.* **J.D. Swearingen, Jr. Pres. 4/5/95** **904-526-285**