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Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F97979 (1)
 1. Corporation Name
SWEARINGEN-LORD EQUIPMENT COMPANY, INC.



Principal Place of Business: **2948 HWY 71 P.O. BOX 1525 MARIANNA FL 32446**
 Mailing Address: **SWEARINGEN-LORD EQUIP CO P.O. BOX 1525 MARIANNA FL 32447-5525 US**

3. Date Incorporated or Qualified: **09/02/1982** 3a. Date of Last Report: **01/26/1996**
 4. FEI Number: **59-2216389** 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: Yes No

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip Country 24
 2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State 28 Zip Country 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SWEARINGEN, GLENDA F.
 4431 LAFAYETTE STREET
 MARIANNA FL 32446**

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 and further will and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: (Type or print the position of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SWEARINGEN, J.D., JR.	
STREET ADDRESS	4231 SOUTH STREET	
CITY- ST- ZIP	MARIANNA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LORD, JAMES D.	
STREET ADDRESS	2762 SOUTH RIDGE LANE	
CITY- ST- ZIP	MARIANNA FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	LORD, BRENDA J.	
STREET ADDRESS	2762 SOUTH RIDGE LANE	
CITY- ST- ZIP	MARIANNA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SWEARINGEN, J.D., SR.	
STREET ADDRESS	4317 SOUTH STREET	
CITY- ST- ZIP	MARIANNA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SWEARINGEN, RENA	
STREET ADDRESS	4317 SOUTH STREET	
CITY- ST- ZIP	MARIANNA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 supplementary 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: *J.D. Swearingen, Jr.* **J.D. Swearingen, Jr.** 3/14/97 904-526-2185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)