2000 UNIFORM BUSINESS REPORT (UBR)

Apr 13, 2000 8:00 am Secretary of State DOCUMENT # **F97979** 1. Entity Name SWEARINGEN-LORD EQUIPMENT COMPANY, INC. 04-13-2000 90097 047 ***150.00 Principal Place of Business Mailing Address SWEARINGEN-LORD EQUIP CO 2948 HWY 71 P.O. BOX 1525 P.O. BOX 1525 MARIANNA FL 32446 MARIANNA FL 32447-5525 154 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2216389 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SWEARINGEN, GLENDA F. Street Address (P.O. Box Number is Not Acceptable) 4431 LAFAYETTE STREET MARIANNA FL 32446 Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE . DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE SWEARINGEN, J.D., JR. NAME NAME STREET ADDRESS **4231 SOUTH STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARIANNA FL Change [Addition ☐ Delete TITLE NAME LORD, JAMES D. NAME STREET ADDRESS 2762 SOUTH RIDGE LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARIANNA FL Change ■ Addition TITLE ☐ Delete NAME LORD, BRENDA J. NAME STREET ADDRESS 2762 SOUTH RIDGE LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARIANNA FL Change ☐ Addition ☐ Delete TITLE SWEARINGEN, J.D., SR. NAME STREET ADDRESS STREET ADDRESS 4317 SOUTH STREET CITY-ST-7IP CITY-ST-ZIP MARIANNA FL Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

SIGNATURE: SIGNATURE REQUIRED / Measuring Ja 4/10/10 830526218

13. 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 report or supplemental 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 11 or Block 12 if

changed, or on an attachment with an address, with all other like empowered.