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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # G00097 (7)

1. Corporation Name
SWANEY DIESEL SERVICE, INCORPORATED

Principal Place of Business	Mailing Address
1801 E. AVENUE P.O. BOX 1568 PANAMA CITY FL 32405-6211	1801 E. AVENUE P.O. BOX 1568 PANAMA CITY FL 32405-6211

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/15/1982
3a. Date of Last Report: 02/09/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 59-2220016 ☐ 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

9. Name and Address of Current Registered Agent

OVERSTREET, DEBORAH M
303 MAGNOLIA AVE
PANAMA CITY, FL
PANAMA CITY FL 32402

10. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	SWANEY, CHARLES R, III	1.2 NAME	
STREET ADDRESS	602 DAVID AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY, FL 00000	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	SWANEY, BETTY L	2.2 NAME	
STREET ADDRESS	612 MASSALINA DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY, FL 00000	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	SWANEY, CHARLES R, JR	3.2 NAME	
STREET ADDRESS	612 MASSALINA DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY, FL 00000	3.4 CITY-ST-ZIP	
TITLE	VST	4.1 TITLE	☑ Change ☐ Addition
NAME	SWANEY, CHARLES R, III	4.2 NAME	VST Swaney, Charles R. III
STREET ADDRESS	602 DAVID AVENUE	4.3 STREET ADDRESS	11 MAING ST.
CITY-ST-ZIP	PANAMA CITY, FL 00000	4.4 CITY-ST-ZIP	Panama City, FL. 32401
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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: Betty L. Swaney - BETTY L. Swaney 3/21/95 904-763-8792
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0410328 FP