

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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
**1801 E. AVENUE
P.O. BOX 1568
PANAMA CITY FL 32405-6211**

Mailing Address
**1801 E. AVENUE
P.O. BOX 1568
PANAMA CITY FL 32405-6211**

3. Date Incorporated or Qualified
09/15/1982

3a. Date of Last Report
03/23/1995

4. FET 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

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

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

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
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

(Signature based on previous or original signature and the applicable

(Date Registered Agent Signature Required when not filing)

Date

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SWANEY, CHARLES R, III	
STREET ADDRESS	602 DAVID AVENUE	
CITY-STATE-ZIP	PANAMA CITY, FL 00000	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SWANEY, BETTY L	
STREET ADDRESS	612 MASSALINA DR	
CITY-STATE-ZIP	PANAMA CITY, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SWANEY, CHARLES R, JR	
STREET ADDRESS	612 MASSALINA DR	
CITY-STATE-ZIP	PANAMA CITY, FL 00000	
TITLE	VST	<input checked="" type="checkbox"/> DELETE
NAME	SWANEY, CHARLES R, III	
STREET ADDRESS	11 MAINE ST	
CITY-STATE-ZIP	PANAMA CITY, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR/V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CHARLES R. SWANEY III	
1.3 STREET ADDRESS	115 MAINE AVE	
1.4 CITY-STATE-ZIP	PANAMA CITY FL 32401	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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)(k), 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* STD **BETTY L. Swaney** 4/16/96 904-7638792
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr Phone #

CR2E034 (12/95)