

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # G00097 (7)</b>			
1. Corporation Name: <b>SWANEY DIESEL SERVICE, INCORPORATED</b>			
Principal Place of Business <b>1801 E. AVENUE P.O. BOX 1568 PANAMA CITY FL 32405-6211</b>		Mailing Address <b>1801 E. AVENUE P.O. BOX 1568 PANAMA CITY FL 32405-6280</b>	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>OVERSTREET, DEBORAH M 303 MAGNOLIA AVE PANAMA CITY, FL PANAMA CITY FL 32402</b>		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	<b>SWANEY, CHARLES R. III</b>		
STREET ADDRESS	<b>602 DAVID AVENUE</b>		
CITY - ST - ZIP	<b>PANAMA CITY, FL 00000</b>		
TITLE	STD	<input type="checkbox"/> DELETE	
NAME	<b>SWANEY, BETTY L</b>		
STREET ADDRESS	<b>612 MASSALINA DR</b>		
CITY - ST - ZIP	<b>PANAMA CITY, FL 00000</b>		
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	<b>SWANEY, CHARLES R. JR</b>		
STREET ADDRESS	<b>612 MASSALINA DR</b>		
CITY - ST - ZIP	<b>PANAMA CITY, FL 00000</b>		
TITLE	DV	<input type="checkbox"/> DELETE	
NAME	<b>SWANEY, CHARLES R III</b>		
STREET ADDRESS	<b>115 MAINE AVE</b>		
CITY - ST - ZIP	<b>PANAMA CITY FL</b>		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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 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: <u>Charles R. Swaney</u> <b>Charles R. Swaney</b> 4-1-97 904 763-8712 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President			



CR2E034 (9/96)