FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 27 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H99666** **(0)**

1. Corporation Name
SWD, INC.

Principal Place of Business
7301 BAYMEADOWS WAY
P. O. BOX 44090
JACKSONVILLE FL 32231

Mailing Address
7301 BAYMEADOWS WAY
P. O. BOX 44090
JACKSONVILLE FL 32231

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/17/1986
3a. Date of Last Report: 02/09/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-2650325 — 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
FISH, THOMAS H.
7301 BAYMEADOWS WAY
JACKSONVILLE FL 32256

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 resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	1.1 TITLE	☐ Change ☐ Addition
NAME	PICKETT, JOE K.	1.2 NAME	100001463281
STREET ADDRESS	7301 BAYMEADOWS WAY	1.3 STREET ADDRESS	-04/28/95--01056--001
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	***1800.00 ****200.00
TITLE	VTD	2.1 TITLE	VTD — XX Change ☐ Addition
NAME	POWELL, JONATHAN R	2.2 NAME	Betty L. Francis
STREET ADDRESS	7301 BAYMEADOWS WAY	2.3 STREET ADDRESS	7301 Baymeadows Way
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville, FL 32256
TITLE	VSD	3.1 TITLE	☐ Change ☐ Addition
NAME	FISH, THOMAS H.	3.2 NAME	
STREET ADDRESS	7301 BAYMEADOWS WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE,F L	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	AS — ☐ Change X Addition
NAME		4.2 NAME	J.E. Harden
STREET ADDRESS		4.3 STREET ADDRESS	7301 Baymeadows Way
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Jacksonville, FL 32256
TITLE		5.1 TITLE	AS — ☐ Change X Addition
NAME		5.2 NAME	Barbara L. Verderane
STREET ADDRESS		5.3 STREET ADDRESS	7301 Baymeadows Way
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Jacksonville, FL 32256
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

DPT 4/27

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: Thomas H. Fish — Thomas H. Fish — 4/25/95 — (904) 281-3297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0023075 CP