

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Norman  
Secretary of State  
Tallahassee, Florida 32399-0400

APPROVED  
AND  
FILED

MAY 23 7:10:15

DOCUMENT # **L11648** (7)

**SHWINCO INDUSTRIES, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Principal Place of Business		Mailing Address	
2500 MINNESOTA AVENUE P O BOX 1496 LYNN HAVEN FL 32444-8496		2500 MINNESOTA AVENUE P O BOX 1496 LYNN HAVEN FL 32444-8496	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	08/23/1989	04/28/1994
22. State, Apt. #, etc.		4. FEI Number	
27		59-2970697	
23. City & State		5. Certificate of Status Desired <input type="checkbox"/>	
28		\$8.75 Additional Fee Required	
24. County		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
25		\$5.00 May Be Added to Fees	
29. ZIP		7. This corporation has liability for intangible tax under S 199 (a)(2) Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
30. City			

(DO NOT WRITE IN THIS SPACE)

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SHIPP, CRAIG D. 240 E 6TH ST LYNN HAVEN FL 32444				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)	108 Alabama Ave.		
				83. City			
				84. State	FL	85. Zip Code	

11. Pursuant to the provisions of Sections 607.0901 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 filing fees of Section 607.0907, Florida Statutes.

SIGNATURE: **Craig D. Shipp** Pres./Treas.  
Signature of Registered Agent or Director of Corporation      Signature of Registered Agent or Director of Corporation

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	DT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	SHIPP, CRAIG D.	2.1 NAME	
3. STREET ADDRESS	108 ALABAMA AVE	3.1 STREET ADDRESS	
4. CITY & STATE	LYNN HAVEN FL	4.1 CITY & STATE	
5. TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	SHIPP, MARGIE E.	6.1 NAME	
7. STREET ADDRESS	108 ALABAMA AVE	7.1 STREET ADDRESS	
8. CITY & STATE	LYNN HAVEN FL	8.1 CITY & STATE	
9. TITLE	VP	9.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	SHIPP, JEROME D.	10.1 NAME	
11. STREET ADDRESS	210 E 6TH ST	11.1 STREET ADDRESS	
12. CITY & STATE	LYNN HAVEN FL	12.1 CITY & STATE	
13. TITLE		13.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
14. NAME		14.1 NAME	Thompson, Todd D.
15. STREET ADDRESS		15.1 STREET ADDRESS	1106 Michigan Ave.
16. CITY & STATE		16.1 CITY & STATE	Lynn Haven, FL 32444
17. TITLE		17.1 TITLE	
18. NAME		18.1 NAME	
19. STREET ADDRESS		19.1 STREET ADDRESS	
20. CITY & STATE		20.1 CITY & STATE	
21. TITLE		21.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		22.1 NAME	
23. STREET ADDRESS		23.1 STREET ADDRESS	
24. CITY & STATE		24.1 CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is substantially true and that I am duly qualified for the occupation stated in the above 13107(a)(4) Florida Statutes. I further certify that the information included 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 in person. That I am an officer or director of this corporation or the receiver or transfer agent assigned to receive this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *Margie E. Shipp*      5-18-95  
SIGNATURE AND PRINTED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR      Date  
**Margie E. Shipp**