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May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # L11648 (7)
1. Corporation Name
SHWINCO INDUSTRIES, INC.



Principal Place of Business: 2500 MINNESTOA AVENUE, P O BOX 1496, LYNN HAVEN FL 32444-8496

Mailing Address: 2500 MINNESTOA AVENUE, P O BOX 1496, LYNN HAVEN FL 32444-6286

3. Date Incorporated or Qualified: 08/23/1989

3a. Date of Last Report: 04/23/1996

4. FEI Number: 59-2870697

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 (21-23)

2a. Mailing Address (26-30)

9. Name and Address of Current Registered Agent: SHIPP, CRAIG D., 108 ALABAMA AVE., LYNN HAVEN FL 32444

10. Name and Address of New Registered Agent (81-85)

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 signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> DELETE
NAME	SHIPP, CRAIG D.	
STREET ADDRESS	108 ALABAMA AVE	
CITY - ST - ZIP	LYNN HAVEN FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SHIPP, MARGIE E.	
STREET ADDRESS	108 ALABAMA AVE	
CITY - ST - ZIP	LYNN HAVEN FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SHIPP, JEROME D.	
STREET ADDRESS	210 E 6TH ST	
CITY - ST - ZIP	LYNN HAVEN FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	THOMPSON, TODD D	
STREET ADDRESS	1106 MICHIGAN AVE.	
CITY - ST - ZIP	LYNN HAVEN FL	
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: Craig D. Shipp 4-29-97 904-271-8900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)