

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

FILED

**May 01 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**2600 MINNESTOA AVENUE
P O BOX 1496
LYNN HAVEN FL 32444-8496**

Mailing Address
**2508 MINNESTOA AVENUE
P O BOX 1496
LYNN HAVEN FL 32444-8496**

3. Date Incorporated or Qualified
08/23/1989

2. Principal Place of Business
21 **400 Aberdeen Loop**
Suite, Apt. #, etc.
22
City & State
23 **Panama City, FL**
Zip Country
24 **32405** 25 **US**

2a. Mailing Address
26 **PO Box 1496**
Suite, Apt. #, etc.
27
City & State
28 **LYNN HAVEN, FL**
Zip Country
29 **32444** 30 **US**

4. FEI Number
59-2970697

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 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 607.1504, 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 *Craig D. Shipp, Sr.* **Craig D. Shipp, Sr.** **4-24-98**
Signature, typed or printed name of registered agent not applicable (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 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: *Margie E. Shipp* **Margie E. Shipp** **4-24-98** **850-271-8900**

CFR2E034 (10/97)