

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 15, 2000 8:00 am**  
**Secretary of State**

08-15-2000 90001 032 \*\*\*550.00

**DOCUMENT # L11648**

1. Entity Name  
**SHWINCO INDUSTRIES, INC.**

Principal Place of Business <b>400 ABERDEEN LOOP</b> <del>P.O. BOX 1496</del> <b>PANAMA CITY FL 32405</b> <b>US</b>	Mailing Address <b>P. O. BOX 1496</b> <b>P O BOX 1496</b> <b>LYNN HAVEN . 32444-6296</b> <b>US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2970697</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  
 SIGNATURE: DATE: **8-11-00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE <b>DT</b>	<input type="checkbox"/> Delete
NAME <b>SHIPP, CRAIG D.</b>	
STREET ADDRESS <b>108 ALABAMA AVE</b>	
CITY-ST-ZIP <b>LYNN HAVEN FL</b>	
TITLE <b>S</b>	<input type="checkbox"/> Delete
NAME <b>SHIPP, MARGIE E.</b>	
STREET ADDRESS <b>108 ALABAMA AVE</b>	
CITY-ST-ZIP <b>LYNN HAVEN FL</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>SHIPP, JEROME D.</b>	
STREET ADDRESS <b>210 E 6TH ST</b>	
CITY-ST-ZIP <b>LYNN HAVEN FL</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>President, Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE: **8-11-00** DAYTIME PHONE #: **850-271-8900**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)