

**2001 UNIFORM BUSINESS REPORT (UBR)**

05-23-2001 90204 001 \*1,500.00  
L11648

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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<b>DOCUMENT #</b> <u>L11648</u> <span style="float:right">✓</span>			
<b>1. Entity Name</b> <u>SHWINCO INDUSTRIES, INC</u>			
<b>Principal Place of Business</b>		<b>Mailing Address</b>	
<b>2. Principal Place of Business</b> <u>400 ABERDEEN LOOP</u>		<b>3. Mailing Address</b> <u>PO BOX 1496</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> <u>PANAMA CITY FL</u>		<b>City &amp; State</b> <u>LYNN HAVEN FL</u>	
<b>Zip</b> <u>32405</u>		<b>Zip</b> <u>32444</u>	
<b>Country</b> <u>US</u>		<b>Country</b> <u>US</u>	
<b>4. FEI Number</b> <u>59-2970697</u>		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<u>CRAIG D SHIPP</u> <u>108 ALABAMA AVE</u> <u>LYNN HAVEN FL 32444</u>		Name Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> Zip Code	
<b>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.</b>			
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____			
<b>9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.</b> <input type="checkbox"/> (See criteria on back)		<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> <u>DT</u>	<b>NAME</b> <u>CRAIG SHIPP</u>	<input type="checkbox"/> Delete	<b>TITLE</b>
<b>STREET ADDRESS</b> <u>108 ALABAMA</u>	<b>CITY-ST-ZIP</b> <u>LYNN HAVEN FL 32444</u>		<b>NAME</b>
<b>TITLE</b> <u>S</u>	<b>NAME</b> <u>MARLIE SHIPP</u>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> <u>108 ALABAMA</u>	<b>CITY-ST-ZIP</b> <u>LYNN HAVEN FL 32444</u>		<b>STREET ADDRESS</b>
<b>TITLE</b> <u>VP</u>	<b>NAME</b> <u>JEROME SHIPP</u>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> <u>210 E 6TH ST</u>	<b>CITY-ST-ZIP</b> <u>LYNN HAVEN FL 32444</u>		<b>STREET ADDRESS</b>
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>
<b>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.</b>			
<b>SIGNATURE:</b> <u>Marlie Shipp</u>		<u>4/30/01</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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