FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000003657 (1)**

1. Corporation Name
SWD TRUCKING, INC.

Principal Place of Business	Mailing Address
3021 6TH AVE. NORTH ST. PETERSBURG FL 33713	3021 6TH AVE. NORTH ST. PETERSBURG FL 33713

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/07/1994
3a. Date of Last Report:

2. Principal Place of Business
21 6565 44th St. N.
Suite, Apt. #, etc.
22 #1004
City & State
23 Pinellas Park, FL
Zip 24: 34665 Country 25: Pinellas

2a. Mailing Address
26 6565 44th St. N.
Suite, Apt. #, etc.
27 #1004
City & State
28 Pinellas Park, FL
Zip 29: 34665 Country 30: Pinellas

4. FEI Number: 59-3215009 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DAUGHTRY, SAMUEL
3021 6TH AVE. NORTH
ST. PETERSBURG FL 33713

10. Name and Address of New Registered Agent

81 Name: Lucy Barone
82 Street Address (P.O. Box Number is Not Acceptable): 6565 44th St. N.
83: #1004
84 City: Pinellas Park **FL** 85 Zip Code: 34665

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: [signature] Lucy Barone 4/27/95
Signature, type or print name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		11 TITLE: P 12 NAME: Lucy Barone 13 STREET ADDRESS: 6565 44th St. N., #1004 14 CITY ST ZIP: Pinellas Park, FL 34665	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		21 TITLE: V 22 NAME: Lucy Barone 23 STREET ADDRESS: 6565 44th St. N., #1004 24 CITY ST ZIP: Pinellas Park, FL 34665	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		31 TITLE: T 32 NAME: Lucy Barone 33 STREET ADDRESS: 6565 44th St. N., #1004 34 CITY ST ZIP: Pinellas Park, FL 34665	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE: S 42 NAME: Lucy Barone 43 STREET ADDRESS: 6565 44th St. N., #1004 44 CITY ST ZIP: Pinellas Park, FL 34665	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE: 52 NAME: 53 STREET ADDRESS: 54 CITY ST ZIP:	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE: 62 NAME: 63 STREET ADDRESS: 64 CITY ST ZIP:	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added above or on an attachment with an address.

SIGNATURE: [signature] 4/27/95 (813) 521-4237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0300900 CP