

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000003657 (1)

1. Corporation Name

SWD TRUCKING, INC.



Principal Place of Business

6565 44TH ST. N  
1004  
PINELLAS PARK FL 34665  
US

Mailing Address

6565 44TH ST N  
1004  
PINELLAS PARK FL 34665  
US

2. Principal Place of Business

21 710 1ST AVE S.W.

Suite, Apt. #, etc.

22 SUITE D

City & State

23 LARGO FL

Zip

24 34640

Country

25 Pinellas

2a. Mailing Address

26 710 1ST AVE S.W.

Suite, Apt. #, etc.

27 SUITE D

City & State

28 LARGO FL

Zip

29 34640

Country

30 Pinellas

3. Date Incorporated or Qualified

01/07/1994

3a. Date of Last Report

05/01/1995

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

BARONE, LUCY  
6565 44TH ST. N  
1004  
PINELLAS PARK FL 34665

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 607.1508, 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

Lucy Barone, Pres.

Lucy Barone

5/20/96

Signature, typed or printed name of registered agent or director, if applicable

Signature, typed or printed name of registered agent or director, if applicable

Date

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BARONE, LUCY	
STREET ADDRESS	6565 44TH ST. N., STE 1004	
CITY - ST - ZIP	PINELLAS PARK FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BARONE, LUCY	
STREET ADDRESS	6565 44TH ST. N., STE 1004	
CITY - ST - ZIP	PINELLAS PARK FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BARONE, LUCY	
STREET ADDRESS	6565 44TH ST. N., STE 1004	
CITY - ST - ZIP	PINELLAS PARK FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BARONE, LUCY	
STREET ADDRESS	6565 44TH ST. N., STE 1004	
CITY - ST - ZIP	PINELLAS PARK 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"/> Add on
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Lucy Barone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lucy BARONE, Pres

Date

5/20/96

Daytime Phone #

(813) 585-1485

CR2E034 (12/95)