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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 30 PM 9:07

DOCUMENT # **P94000025517 (1)**

1. Corporation Name
SOUTHWEST FLORIDA FREIGHTWAYS, INC.

Principal Place of Business	Mailing Address
28200 BERMONT RD #13E PUNTA GORDA FL 33982	28200 BERMONT RD #13E PUNTA GORDA FL 33982

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/31/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0476409	☐ Applied For ☐ Not Applicable
21 23264 Peachland Blvd.	26 P.O. Box 51-2325		
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 Port Charlotte, FL	28 Punta Gorda, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip 33954 25 Country USA	29 Zip 33951-2325 30 Country USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BRIGGS, DAVID ~~28200 BERMONT RD #13E~~ 23264 Peachland Blvd ~~PUNTA GORDA FL 33982~~ Port Charlotte, FL 33954	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 _____ DATE
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D P	11 TITLE	Joelin Calderon (Vice P.) ☐ Change ☒ Addition
NAME	BRIGGS, DAVID 23264 Peachland	12 NAME	
STREET ADDRESS	~~28200 BERMONT RD #13E~~	13 STREET ADDRESS	2202 S.E. 3rd Terrace
CITY ST ZIP	~~PUNTA GORDA FL 33982~~ Port Charlotte, Fl 33954	14 CITY ST ZIP	Cape Coral, Fl 33990
TITLE	D	21 TITLE	Manuel D. Cnalo ☐ Change ☒ Addition
NAME	SICHELSKI, FRANK	22 NAME	
STREET ADDRESS	4991 CAZES AVE	23 STREET ADDRESS	615 S.E. 21st Terrace
CITY ST ZIP	NORTH PORT FL 34287	24 CITY ST ZIP	Cape Coral, Fl 33990
TITLE		31 TITLE	David Briggs (President) ☒ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	23264 Peachland
CITY ST ZIP		34 CITY ST ZIP	Port Charlotte, Fl 33954
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: David Briggs David Briggs Pres. 5/23/95 813 627-8777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0336122 CP