

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000025517 (1)

1. Corporation Name

SOUTHWEST FLORIDA FREIGHTWAYS, INC.



Principal Place of Business

Mailing Address

23264 PEACHLAND BLVD
PORT CHARLOTTE FL 33954
US

P O BOX 51-2325
PUNTA GORDA FL 33951-2325
US

3. Date Incorporated or Qualified

03/31/1994

3a. Date of Last Report

05/30/1995

2. Principal Place of Business:

2a. Mailing Address

21 4456 Tamiami Trail

26 51-2325 (PO Box)

4. FEI Number

65-0476409

Applied For

Not Applicable

Suite, Apt #, etc

Suite, Apt #, etc

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

22 Suite A9

27 PUNTA GORDA

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

City & State

City & State

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

23 Punta Gorda FL

28 FL

Zip

Country

Zip

Country

24 33980

29 33951

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRIGGS, DAVID
23264 PEACHLAND BLVD
PORT CHARLOTTE FL 33954

81 Name

82 Street Address (P.O. Box Number 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

Signature, typed or printed name of registered agent and state if applicable

(If the Florida Registered Agent signature is required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME BRIGGS, DAVID
STREET ADDRESS 23264 PEACHLAND BLVD
CITY - ST - ZIP PORT CHARLOTTE FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

Change Addition
Briggs, David
K.O.A. Site # 300
Long Key FL 33001

TITLE D
NAME SICHELSKI, FRANK
STREET ADDRESS 4991 CAZES AVE
CITY - ST - ZIP NORTH PORT FL 34287

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

Change Addition

TITLE VP
NAME CALDERON, JOSELIN
STREET ADDRESS 2202 SE 3RD TERRACE
CITY - ST - ZIP CAPE CORAL FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

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)(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 617, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID Briggs

Date

6/11/96

941-627-8177
Daytime Phone #

CR2E034 (3/96)