

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

**APPROVED AND FILED**

95 JUN 20 PM 3: 27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION ANNUAL REPORT 1995**

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



**DOCUMENT # P94000070830**  
1. Corporation Name  
**Swilley Trucking, Inc.**

Principal Place of Business Mailing Address  
**Bristol, FL P.O. Box 566 Hwy 20E**

**000001520190**  
-06/22/95--01016--015  
\*\*\*\*225.00 \*\*\*\*225.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 **Bristol, FL** 26 **P.O. Box 566 Hwy 20E**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip County 28 Zip County  
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report  
**9/27/94**  
4. FEI Number Applied For  
**59-3269172** 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**  
6. This corporation has liability for intangible tax under § 190.030, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**Robert C. Swilley**  
**P.O. Box 566 Hwy 20E**  
**Bristol, FL 32321**

10. Name and Address of New Registered Agent  
B1 Name  
**Head w on Hwy 20 out of Tallahassee -**  
B2 Street Address (P.O. Box Number is Not Acceptable)  
**after you get to Hostford start looking for the**  
B3 City  
**fire tower on your left keep going until you**  
B4 City B5 Zip Code  
**see Magnolia Funeral home of FL the right - we**  
**are directly across the Hwy in an off white**  
**double wide trailer.**

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 607.0509, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature (typed or printed name of registered agent and title if applicable) (2071) Registered Agent signature (required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>Vice President</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Rosemary Swilley</b>	1.2 NAME	
STREET ADDRESS	<b>P.O. Box 566 Hwy 20E N/A</b>	1.3 STREET ADDRESS	
CITY ST ZIP	<b>Bristol, FL 32321</b>	1.4 CITY ST ZIP	
TITLE	<b>President</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Robert C. Swilley</b>	2.2 NAME	
STREET ADDRESS	<b>P.O. Box 566 Hwy 20E N/A</b>	2.3 STREET ADDRESS	
CITY ST ZIP	<b>Bristol, FL 32321</b>	2.4 CITY ST ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

**6/20/95 SSS**

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 110.07(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: **Rosemary Swilley** - Rosemary Swilley **6/2/95** **643-5900**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)