Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000065318

1. Corporation Name

S & W TRANSPORTATION, INC.

| Principal Place | e of Business | Maining Address | | | ϵX | | | | |
|---|--|-----------------------------------|----------------------------------|----------------------------------|--------------------------------|--|---------------|--------------|----------------|
| 3711 BRUTON ROAD PLANT CITY FL 33565 | | 3711 BRUTON ROAD | | | ,A | | | | |
| | | PLANT CITY FL 33565 | | | | DO NOT WR | ITE IN THIS | SPACE | |
| | | | | | | 3. Date Incorporated or Qualifed | | | |
| | | • | | | | 08/23/1995 | • | | |
| - Di I Di | L | 2a. Mailing Address | | | | 4. FEI Number | | - | olied For |
| | lace of Business | | • | | | 59-3313293 | • | <u> </u> | Applicable |
| 21 | | 26 | | | | <u> </u> | | \$8.75 A | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | Fee Re | |
| 22 | | 27 | | | | <u> </u> | <u> </u> | | - - |
| City & State | | City & State | | | 6. Election Campaign Financing | | \$5.00 | | |
| 23 | | 28 | | | | Trust Fund Contribution | | Added to | Fees |
| Zip | Country | Zip | | untry | | 8. This corporation owes the cur | rent year Int | angible | _ |
| 24 | 25 | 29 | 30 | | | Personal Property Tax. | | | □No |
| | 9. Name and Address of Currer | nt Registered Agent | | ļ., | | 10. Name and Address of New | Registered | Agent | |
| | | | | 81 | Name | | | | |
| | BEE, JAMES H | | | 82 | Street Addres | ss (P.O. Box Number is Not Accep | lable) | | |
| | S. COLLINS STREET | | | 02 | Stiest Addres | 33 (F.O. BOX Hamper is Not Nodep | , | | _ |
| Plai | NT CITY FL 33566 | | | 83 | - | | | | |
| | | | | 84 | City | | | 85 Zip C | ode |
| | <u> </u> | | | | • | | <u> </u> | . ` | |
| 11, Pursuant | to the provisions of Sections 607.050 egistered agent, or both, in the State | 2 and 607.1508, Florida Statut | es, the a | bove | e-named corpor | ration submits this statement for the | e purpose of | changing its | registered i |
| office or re | egistered agent, or both, in the State m familiar with, and accept the obliga | ations of, Section 607.0505, Flo | rida Stat | tutes. | | | pr are appe | • | , |
| SIGNATURE | , , | | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered age | nt and title if applicable. (NOTE | ; Registered | d Agen | t signature required v | when reinstating) | DATE | | |
| 12. | OFFICERS AN | ND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO O | FFICERS AN | | |
| TITLE . | D | ☐ DELETE | 1.1 T | ITLE | | | | Change . | Addition |
| NAME | WALKER, EDWARD S JR | | 1.2 NAME | | | | | | |
| STREET ADDRESS | | | 1.3 S | 1.3 STREET ADDRESS | | | | | , |
| | AL LUIT OFFICE AREAS | | ITY-SI | | | | | | |
| CITY-ST-ZIP | D | ☐ DELETE | 2.1 TITLE | | | | | ☐ Change | Addition |
| | - | | | | | • | | | |
| NAME | | | | 2.2 NAME | | | | | |
| STREET ADDRESS | 155 DRY BRANCH ROAD | | i i | 2.3 STREET ADDRES | | | | | |
| CITY-ST-ZIP | CLARK HILL SC 29821 | | | 2. 4 CITY-ST-ZIP | | | | Change | Addition |
| TITLE | , | ☐ DELETE | 3.1 T | MLE | İ | | | □ cuange | Madison |
| NAME | | | 3.2 N | IAME | | | | | |
| STREET ADDRESS | | | 3.3 S | TREET | ADDRESS | | | | |
| CITY-ST-ZIP | | - | 3.4. 0 | CITY-S | T-ZIP | | | | |
| TITLE | | ☐ DELETE | 4.1 T | πLE | | | | Change | Addition |
| NAME | | | 4.21 | NAME | | | | | |
| STREET ADDRESS | | | 435 | TREET | ADDRESS | | | | |
| | | | | XTY-S | | | | | |
| CITY-ST-ZIP | | ☐ DELETE | 5.1 T | | 1-21 | | | Change | Addition |
| | | | 9.11 | | | | | | _ |
| NAME | | | 52N | IAME | | | • | | |
| | | | 5.2 N | | AUDDESS | | | | |
| STREET ADDRESS | | _ 522-10 | 5.3 S | TREET | ADDRESS | | | | |
| CITY-ST-ZIP | | | 5.3 S 5.4 C | TREET | | | | Chance | - Addition |
| | | ☐ DELETE | 5.3 S 5.4 C 6.1 T | TREET SITY-S' | | ······································ | | ☐ Change | ☐ Addition |
| CITY-ST-ZIP | | | 5.3 S 5.4 C 6.1 T 6.2 N | TREET CITY-S' TILE VAME | | - | | ☐ Change | ☐ Addition |

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90088 028 ***150.00