

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 819862

Entity Name: SWISHER INTERNATIONAL, INC.**Current Principal Place of Business:**20 THORNAL CIRCLE
DARIEN, CT 06820**Current Mailing Address:**20 THORNAL CIRCLE
DARIEN, CT 06820**FEI Number:** 59-1150320**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title COO
Name CALDROPOLI, LOUIS A
Address 459 EAST 16TH STREET
City-State-Zip: JACKSONVILLE FL 32206

Title VP, SECRETARY
Name CASEY, CHRISTOPHER L
Address 459 EAST 16TH STREET
City-State-Zip: JACKSONVILLE FL 32206

Title CFO
Name ROMANOW, HOWARD
Address 20 THORNDAL CIRCLE
City-State-Zip: DARIEN CT 06820

Title TREASURER
Name BRIGHTON, CYNTHIA Z
Address 20 THORNAL CIRCLE
City-State-Zip: DARIEN CT 06820

Title VP
Name CORASANITI, RALPH P
Address 20 THORNDAL CIRCLE
City-State-Zip: DARIEN CT 06820

Title CEO
Name GHILONI, PETER J.
Address 459 EAST 16TH STREET
City-State-Zip: JACKSONVILLE FL 32206

Title PRESIDENT
Name MILLER, JOHN J
Address 459 EAST 16TH STREET
City-State-Zip: JACKSONVILLE FL 32206

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RALPH P. CORASANITI

VP - TAXES

01/19/2018

Electronic Signature of Signing Officer/Director Detail_____
Date