

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000032258

**Entity Name:** STORM SHELTERS OF NORTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

3275 CRYSTAL LAKE DR  
CHIPLEY, FL 32428

**Current Mailing Address:**

P.O. BOX 8091  
SOUTHPORT, FL 32409

**FEI Number:** 20-4377142

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

AULT, RICHARD M  
3275 CRYSTAL LAKE DR  
CHIPLEY, FL 32428 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 T  
Name JULIAN, HOLLY  
Address 3003 WOODYMARION DRIVE  
City-State-Zip: CHIPLEY FL 32428

Title PS  
Name JULIAN, KEVIN  
Address 3003 WOODYMARION DRIVE  
City-State-Zip: CHIPLEY FL 32428

Title VT  
Name AULT, RICHARD  
Address 3275 CRYSTAL LAKE DRIVE  
City-State-Zip: CHIPLEY FL 32428

*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:** RICHARD M AULT

VT

02/11/2016

Electronic Signature of Signing Officer/Director Detail

Date