SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
Jul 30 1997 8:00am
Secretary of State

DOCUMENT # 751057 (1)

1. Corporation Name

SOUTHWEST FLORIDA ROOFING CONTRACTORS ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1446 FT MYERS FL 33902	P.O. BOX 1446 FT MYERS FL 33902

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/14/1980
3a. Date of Last Report: 01/26/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-1612921 ☐ Applied For ☐ 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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. **Name and Address of Current Registered Agent**

PETERSON, BROOKE
3065 CRANFORD AVE
FT MYERS FL 33901

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WOOLSTON, JOHN		1.2 NAME		
STREET ADDRESS	5410 TICE ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33905		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NELSON, MEL		2.2 NAME		
STREET ADDRESS	4442 ARNOLD AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33942		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PETERSON, BROOKE		3.2 NAME		
STREET ADDRESS	3065 CRANFORD AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33901		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CHINAULT, SANDRA		4.2 NAME		
STREET ADDRESS	3200 BAILEY LANE, SUITE 105		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SHEPARD, MIKE		5.2 NAME		
STREET ADDRESS	400 SOUTH ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33907		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DAMPIER, FRANK		6.2 NAME		
STREET ADDRESS	2536 HANSON ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33901		6.4 CITY-ST-ZIP		

CR2E037 (4/97)

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE REQUIRED Brooke Peterson 7-25-97