FILE NOW: FILING FEE IS $61.25

FILED
Feb 18, 1999 8:00am
Secretary of State

02-18-1999 90056 011 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751057

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 02/14/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1612921 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

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 (11/98)

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 617, 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.

SIGNATURE: Brooke Peterson SIGNATURE REQUIRED 1-28-99 941-334-1212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #