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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N28990

1. Corporation Name
SOUTHWEST FLORIDA WOODCARVERS EXHIBITION, INC.

Principal Place of Business
 C/O KARL MILLER
 4644 ROCKWOOD CIRCLE NORTH
 FT. MYERS FL 33903

Mailing Address
 C/O KARL MILLER
 4644 ROCKWOOD CIRCLE NORTH
 FT. MYERS FL 33903



2. Principal Place of Business 21 G. Jake Norman Suite, Apt. #, etc. 22 11311 A Poplin Ave. City & State 23 Englewood, Fl. Zip Country 24 34224 25 U.S.A.	2a. Mailing Address 26 C/O G. Jake Norman Suite, Apt. #, etc. 27 11311 A Poplin Ave. City & State 28 Englewood, Fl. Zip Country 29 34224 30 U.S.A.	3. Date Incorporated or Qualified 10/25/1988	4. FEI Number NOT APPLICABLE Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent MILLER, KARL 4644 ROCKWOOD CIRCLE NORTH FT. MYERS FL 33903	10. Name and Address of New Registered Agent 81 Name G. Jake Norman 82 Street Address (P.O. Box Number is Not Acceptable) 11311 A. Poplin Ave. 83 84 City Englewood 85 Zip Code FL 34224
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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 **G. Jake Norman** DATE **April 18, 1999**
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	<input type="checkbox"/> DELETE HOBSON, JACK 1520 STAFFORD LANE SARASOTA FL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	<input type="checkbox"/> DELETE CHARLES PETERS 620 SIMMONS AVE. SARASOTA FL	1.2 NAME	
TITLE PD	<input checked="" type="checkbox"/> DELETE MILLER, KARL 4644 ROCKWOOD CIRCLE N. FT. MYERS FL	1.3 STREET ADDRESS	
TITLE VD	<input checked="" type="checkbox"/> DELETE MICHAUD, NORMAND 2241 GULFVIEW ROAD PUNTA GORDA FL	1.4 CITY-ST-ZIP	
TITLE TD	<input checked="" type="checkbox"/> DELETE BOYD, RUSSELL 1064 N. TAMiami TRAIL #48 N. FT. MYERS FL 33903	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD	<input checked="" type="checkbox"/> DELETE HENRICHON, BEVERLY 11311 A POPLIN AVE. ENGLEWOOD FL 34224	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	PD G. Jake Norman 11311 A. Poplin Ave. Englewood, Fl. 34224
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VP Robert Dixon 1282 Aken St. Pt. Charlotte, Fl. 33952
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TD Beverly Henrichon 11311 A. Poplin Ave. Englewood, Fl. 34224
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	SD Bert Burns 1230 Shoreview Dr. Englewood, Fl. 34223
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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: **G. Jake Norman** April 18, 1999 941-475-3812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)