FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:41

DOCUMENT # N46630 (2)

1. Corporation Name
SOUTHWEST FLORIDA FLOORCOVERING ASSOCIATION, INC

Principal Place of Business	Mailing Address
3540 PALM BEACH BLVD FT MYERS FL 33916	3540 PALM BEACH BLVD FT MYERS FL 33916

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/23/1991
3a. Date of Last Report: 04/11/1994
4. FEI Number: NOT APPLICABLE — 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21) | Suite, Apt. #, etc. (22) | City & State (23) | Zip (24) | Country (25)

2a. Mailing Address (26) | Suite, Apt. #, etc. (27) | City & State (28) | Zip (29) | Country (30)

9. Name and Address of Current Registered Agent

OWENS, TIM
2308 ELIZABETH CT
NAPLES FL 33962

10. Name and Address of New Registered Agent

81 Name: Don Setterquist
82 Street Address (P.O. Box Number is Not Acceptable): 3693 Belair Ln
83: Naples, Fl. 33940
84 City: FL — 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Don Setterquist - Vice President — 3-21-95
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	DV	11 TITLE	resigned	☒ Change ☐ Addition
NAME	OWENS, TIM	12 NAME		
STREET ADDRESS	2308 ELIZABETH CT	13 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33962	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	Treasurer	☒ Change ☐ Addition
NAME	KELLY, HELEN	22 NAME	Same	
STREET ADDRESS	871 CASSENN RD	23 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33963	24 CITY-ST-ZIP		
TITLE	DT	31 TITLE	Director	☒ Change ☐ Addition
NAME	TAYLOR, JOHN T	32 NAME	Same	
STREET ADDRESS	6401 PARK RD	33 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33918	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	Vice President	☒ Change ☐ Addition
NAME	SETTERQUIST, DON	42 NAME	Same	
STREET ADDRESS	3693 BELAIR LANE	43 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33940	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	ELMORE, DENNIS	52 NAME		
STREET ADDRESS	6315 5TH AVENUE NW	53 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34209	54 CITY-ST-ZIP		
TITLE	DS	61 TITLE		☐ Change ☐ Addition
NAME	DINGER, PENNY	62 NAME		
STREET ADDRESS	0629 CRESCENT DR #101	63 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33942	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Helen J. Kelly — Helen J. Kelly — 3/21/95 — 813-963-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0050834