

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N46630 (2)
1. Corporation Name
SOUTHWEST FLORIDA FLOORCOVERING ASSOCIATION, INC



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

3. Date Incorporated or Qualified 12/23/1991 3a. Date of Last Report 03/27/1995
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 983 b. miami Tr. 26 Same
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Port Charlotte FL. 28
Zip Country Zip Country
24 33953 25 Charlotte 29 30

9. Name and Address of Current Registered Agent

SETTERQUIST, DON
3693 BELAIR LN
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name Kevin Dittenber
82 Street Address (P.O. Box Number is Not Acceptable) 23136 Donald Ave
83 Port Charlotte, FL. 33954
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 Kevin Dittenber Kevin Dittenber DATE 6/8/96
Signature, typed or printed name of registered agent and title if applicable (Type E Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	D
NAME	KELLY, HELEN	1.2 NAME	
STREET ADDRESS	871 CASSENN RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	President:
NAME	TAYLOR, JOHN T	2.2 NAME	Kevin Dittenber
STREET ADDRESS	6401 PARK RD	2.3 STREET ADDRESS	23136 Donald Ave
CITY - ST - ZIP	FT MYERS FL	2.4 CITY - ST - ZIP	Port Charlotte, FL. 33954
TITLE	VP	3.1 TITLE	V. President. - D
NAME	SETTERQUIST, DON	3.2 NAME	Tom Harding
STREET ADDRESS	3693 BELAIR LANE	3.3 STREET ADDRESS	514 Parkwood Ln
CITY - ST - ZIP	NAPLES FL	3.4 CITY - ST - ZIP	Naples FL 33940
TITLE	D	4.1 TITLE	Secretary. - D
NAME	ELMORE, DENNIS	4.2 NAME	Dale Smith
STREET ADDRESS	6315 5TH AVENUE NW	4.3 STREET ADDRESS	192 Fairway Rd
CITY - ST - ZIP	BRADENTON FL 34209	4.4 CITY - ST - ZIP	Rotonda, FL. 33947
TITLE	DS	5.1 TITLE	
NAME	DINGER, PENNY	5.2 NAME	
STREET ADDRESS	9629 CRESCENT DR #101	5.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL 33942	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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)(k), 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: SIGNATURE REQUIRED Helen J. Kelly 941-263-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)