

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

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

Principal Place of Business

Mailing Address

983 TAMAMI TR.
PORT CHARLOTTE FL 33953

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PORT CHARLOTTE FL 33953

FILED

98 JUN -5 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
21 110 9th St S.
Suite, Apt. #, etc.
22
City & State
23 NAPLES, FL
Zip
24 34102 Country
25 USA
2a. Mailing Address
26 110 9th St S.
Suite, Apt. #, etc.
27
City & State
28 NAPLES, FL
Zip
29 34103 Country
30 USA

3. Date Incorporated or Qualified

12/23/1991

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

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

10. Name and Address of New Registered Agent

DITTENBER, KEVIN
23136 DONALDA AVE.
PORT CHARLOTTE FL 33954

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

WILLIAMS, LAVERNE C
110 9th St South
NAPLES, FL 34102

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 LAVERNE C. WILLIAMS, PRES.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/26/98

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|-------|------------------|--------------------|------------------------|-------------------------------------|
| TD | SMITH, DALE | 2950 S MCCALL RD | ENGLEWOOD FL | <input checked="" type="checkbox"/> |
| P | DITTENBER, KEVIN | 23136 DONALDA AVE. | PT. CHARLOTTE FL 33954 | <input checked="" type="checkbox"/> |
| VD | HADINGER, TOM | 514 PARKWOOD LN. | NAPLES FL 33940 | <input checked="" type="checkbox"/> |
| SD | KELLY JR, TOM | 832 5TH AVE NORTH | NAPLES FL | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change | Addition |
|-----------|---------------------|-----------------------|--------------------------|-------------------------------------|-------------------------------------|
| TD | Crowder, James A. | P.O. Box 3663 | Port Charlotte, FL 33949 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | WILLIAMS, LAVERNE C | 110 9th St S. | NAPLES, FL 34102 | | |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| | | 600002557736-- C | | | |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| | | -06/12/98--01003--018 | | | |
| | | ****150.00 ****150.00 | | | |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | |

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.

SIGNATURE: LAVERNE C. WILLIAMS 4/23/98 941-434-9584

CR2E037 (10/97)