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

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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DOCUMENT # N95000000002 (4)

1. Corporation Name

SOUTHWEST FLORIDA COORDINATION, INC.

Principal Place of Business	Mailing Address
10075 BAVARIA ROAD S.E. FORT MYERS FL 33913	10075 BAVARIA ROAD S.E. FORT MYERS FL 33913

3. Date Incorporated or Qualified: 12/30/1994
3a. Date of Last Report:
4. FEI Number: 65-0550304 ☐ 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	2a. Mailing Address
21	26
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. TALLAHASSEE FL 32301	81 Name: Deloris J. Sheridan 82 Street Address (P.O. Box Number is Not Acceptable): Southwest Florida Coordination, Inc. 83 10075 Bavaria Rd., S.E. 84 City: Ft. Myers, FL 85 Zip Code: 33913

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: [signature] 7/11/95

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	
TITLE	DCP	11 TITLE	Director ☐ Change XX Addition
NAME	BASHAW, RICHARD	12 NAME	Sloan, Brian
STREET ADDRESS	% FT MYERS CITY HALL	13 STREET ADDRESS	909 Del Prado Blvd.
CITY ST ZIP	FORT MYERS FL 33901	14 CITY ST ZIP	Cape Coral, FL 33990
TITLE	DT	21 TITLE	☐ Change ☐ Addition
NAME	DUQUETTE, PATRICIA	22 NAME	
STREET ADDRESS	% 2776 CLEVELAND AVE.	23 STREET ADDRESS	
CITY ST ZIP	FORT MYERS FL 33901	24 CITY ST ZIP	
TITLE	DV	31 TITLE	☐ Change ☐ Addition
NAME	NUCKOLLS, PAUL	32 NAME	
STREET ADDRESS	3732 LIBERTY SQUARE	33 STREET ADDRESS	
CITY ST ZIP	FORT MYERS FL 33908	34 CITY ST ZIP	
TITLE	DS	41 TITLE	Director XX Change ☐ Addition
NAME	SCHERER, DAVID	42 NAME	
STREET ADDRESS	3607 S.E. 17TH AVE.	43 STREET ADDRESS	
CITY ST ZIP	CAPE CORAL FL 33904	44 CITY ST ZIP	
TITLE	D	51 TITLE	Director/Secretary XX Change ☐ Addition
NAME	CHAMBERS, MARIAN	52 NAME	
STREET ADDRESS	17745 PORT BOCA COURT	53 STREET ADDRESS	
CITY ST ZIP	FORT MYERS FL 33908	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	BERLIN, ROSALIE	62 NAME	
STREET ADDRESS	504 N.E. 13TH AVE.	63 STREET ADDRESS	
CITY ST ZIP	CAPE CORAL FL 33909	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)(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] 07/11/95 (941) 768-2900

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

Deloris J. Sheridan

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