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PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Jan 26 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000021826 (0)

SOUTHWEST INTERIORS, INC.

Mailing Address Principal Place of Business 3580 METRO PKWY PO BOX 2236 FT. MYERS FL 33916 FT. MYERS FL 33902 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/17/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0476384 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes Yes 25 29 30 Personal Property Tax due June 30. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SINGLETARY, JIMMY L 3580 METRO PKWY Street Address (P.O. Box Number is Not Acceptable) 82 FT. MYERS FL 33916 83 84 City 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, if 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 artiflar with, and accept the obligations of Section 607.0505, Florida Statutes. istered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 DILE SINGLETARY, JIMMY L. 1.2 NAME NAME CRZEGGA 3580 METRO PKWY 1.3 STREET ADDRESS STREET ADDRESS FT MYERS FL 1,4 CMY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE SINGLETARY, CHARLOTTE R. 2.2 NAME NAME 3580 METRO PKWY 2.3 STREET ADDRESS STREET ADDRESS FT MYERS FL 2. 4 CITY - ST - ZIP CITY-ST-ZIP Addition ☐ DELETE Change TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition: 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

Block 12 or Block 13 if changed, or on emattee them with according to SINGLETHRY 1/15/98 (941)332-4777

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 607, Florida Statutes; and that my name appears in