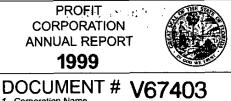
PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

146 - 144 July 2015



FLORIDA DEPARTMENT OF STATE

Katherine Harris

DIVISION OF CORPORATIONS

Secretary of State

FILED Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90056 015 ***150.00

HOMEPF	RO OF SOUTHWEST FLOR	IDA, INC.							
Principal Place	e of Business	Mailing Address				E 10011 Bill alle alle 10011 a	9 (48 ()() 9 (9)()		
18337 QUADRILLE AVE 18337 QUADRILLE PORT CHARLOTTE FL 33948 PORT CHARLOTTE US US						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						09/30/1992			
Principal Place of Business 2a. Mailing Address						4. FEI Number			lied For
21		26				65-0363764	_		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	27			5. Certifcate of Status Desired		\$8.75 Ar Fee Rec	uired
City & State	e	City & State	~			6. Election Campaign Financing		\$5.00 N	
23	<u> </u>	28				Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	_ Count □	ıry		8. This corporation owes the cur	rent year In	tangible ☐ Yes]	Z/No
24	25		0		-	Personal Property Tax. 10. Name and Address of New	 Partistared		20140
	9. Name and Address of Curre	nt Registered Agent	-	31	Name	IV. Raille and Address of New	Kodistorea	Agent	
HALL, KENNETH A.									
18337 QUADRILLE AVE			8	82 Street Address (P.O. Box Number is Not Acceptable			able)		
SUITE 17			8	83					
PORT CHARLOTTE FL 33948					_				
			8	34	City	•	FL	85 Zip C	ode
office or c	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the obligations.	ations of, Section 607.0505, Florid	la Statute	es.	ne corporatio	n's board of directors. Thereby acce	pr trie appo	intment as reg	istered
	Signature, typed or printed name of registered age			gent s	signature required	when reinstating) ADDITIONS/CHANGES TO O	DATE EFICERS A	ND DIRECTO	RS IN 12
12.		ND DIRECTORS	13. 1.1 TITU			ADDITIONS/CHANGES TO O	ICERSA	☐ Change	Addition
TITLE	D D PENNETH A	Detere							<u> </u>
NAME	HALL, KENNETH A 551 LINDLEY TERRACE		1.2 NAME 1.3 STREET ADDRESS		ADDRESS				
STREET ADDRESS	PORT CHARLOTTE FL		1.4 CITY-ST-ZIP		1				į
CITY-ST-ZIP			2.1 TITL		·ZIP			Change	Addition
TITLE					ĺ			_	
NAME	17.60, 1710				ADDRESS				
STREET ADDRESS				Y-ST-			-	-	·
CITY-ST-ZIP TITLE	DELETE 3.1				-			Change	☐ Addition
NAME			3.2 NAM	Œ		·			
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			3.4. CITY	Y-ST-	-ZIP				
TITLE		☐ DELETE	4.1 TITL	E			<u> </u>	☐ Change	☐ Addition
NAME	Į		4,2 NAN	Æ	Ţ				
STREET ADDRESS			4.3 STR	EETA	ADDRESS				
CITY-ST-ZIP			4.4 CITY	/-ST-	-ZIP				
TITLE		☐ DELETE	5.1 TITL	E				☐ Change	Addition
NAME			5.2 NAM	Œ	-			•	1
STREET ADDRESS			5.3 STRI	EET A	ADDRESS				
CITY-ST-ZIP			5.4 CITY		-ZIP				
TITLE		☐ DELETE	6.1 TTTL					☐ Change	☐ Addition
NAME			6.2 NAM						1
STREET ADDRESS		might	6.3 STR	EETA	ADDRESS				j

6.4 CITY-ST-ZIP CITY-ST-ZIP 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: