

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 217678 (2)  
1. Corporation Name  
**OWENS GROVE CORPORATION**



Principal Place of Business: 16401 LAKE CHURCH RD ODESSA FL 33556  
Mailing Address: 16401 LAKE CHURCH RD ODESSA FL 33556

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	16401 LAKE CHURCH RD ODESSA FL 33556	26	P.O. Box 943	11/28/1958	05/01/1995
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	Applied For / Not Applicable
22		27		59-0846680	
23. City & State		28. City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28 Tampa, FL		<input type="checkbox"/>	
24. Zip	25. Country	29. Zip	30. Hillsborough	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24		29	33601	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s 199.032, Florida Statutes	
THOMPSON,ADNA L 16401 LAKE CHURCH ROAD ODESSA FL 33556				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THOMPSON,ADNA L 16401 LAKE CHURCH ROAD ODESSA FL 33556				81. Name	Lawrence R. Flaws		
				82. Street Address (P.O. Box Number is Not Acceptable)	702 Curran Ct		
				83.			
				84. City	Brandon,	85. Zip Code	FL 33511

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: Lawrence R. Flaws Lawrence R. Flaws, Secretary 4/25/96  
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 IN 12	
TITLE	PD THOMPSON, ADNA L 16401 LAKE CHURCH RD ODESSA, FL 00000	1.1 TITLE	PD Magnus Flaws, Jr. 2708 Bell Shoals Road Brandon, FL 33511
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	SD Lawrence R. Flaws 702 Curran Ct Brandon, FL 33511
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lawrence R. Flaws Lawrence R. Flaws 4/25/96 (813) 223-2711  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)