FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8:58

DOCUMENT # **L81138** **(4)**

1. Corporation Name
SAWELL, INC.

Principal Place of Business	Mailing Address
6401 BADGER DR. TAMPA FL 33610	6401 BADGER DR. TAMPA FL 33610

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 8205 E. Adamo Dr.	26 8205 E. Adamo Dr.
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 Tampa Fl	City & State 28 Tampa Fl
Zip 24 33619 Country 25	Zip 29 33619 Country 30

3. Date Incorporated or Qualified: **06/18/1990**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-3017758** ☐ 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

OWENS, RONALD W.
6401 BADGER DR.
TAMPA FL 33610

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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, 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], President. 3/24/95.
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when changing. DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	OWENS, RONALD W.
STREET ADDRESS	1010 SAGO PALM WAY
CITY ST ZIP	APOLLO BEACH FL
TITLE	VP
NAME	OWENS, CHARMA DALE
STREET ADDRESS	1010 SAGO PALM WAY
CITY ST ZIP	APOLLO BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY ST ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
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)(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.

SIGNATURE: [signature], President. 3/24/95.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0300013 CP