FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT

Mar 14 1997 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 **DOCUMENT # 178982** (5)O.W. FOSTER & SONS, INC. Principal Place of Business Mailing Address 4110 W PLATT 4110 W PLATT TAMPA FL 33609-3812 **TAMPA FL 33609** 3. Date Incorporated or Qualified 3a. Date of Last Report 05/29/1954 03/04/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-0719091 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation has liability for intangible tax under s. 199,032. Yes No 24 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MYERS, MILDRED S 81 Name 4110 W PLATT ST Street Address (P.O. Box Number is Not Acceptable) 82 **TAMPA FL 33609** 83 84 Zip Code 85 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, 13, 96/6) 🔲 DELETE Change Addition TITLE 1.1 TITLE FOSTER, STEPHEN A NAME 1.2 NAME 15443 LK MAGDALENE BLVD 1.3 STREET ADDRESS STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 2.1 1(1)[8 MYERS, MILDRED S NAME 2.2 NAME 4110 W PLATT ST STREET ADDRESS 2 3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 2. 4 CiTY-S1 - ZIP DELFTE Сhange Addilion TITLE 3.1 TITLE FOSTER, NIKI NAME 3.2 NAMI 15443 LK MAGDALENE BLVD STREET ADDRESS 3.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 3 4. CITY - S1 - ZIP TITLE DELFTE 4.1 10116 Change Addition FOSTER, ANDREW L NAME 4. 2 NAME 2535 SIESTA COURT, #3 STREET ADDRESS 4.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 511016 NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-\$1-ZIP DELETE Change Addition TITLE 6.1 THILE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP 14. I do 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 eath; 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.

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