

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90009 011 ***550.00

DOCUMENT # **178982**

Corporation Name

O.W. FOSTER & SONS, INC.



Principal Place of Business

**10 W PLATT
MPA FL 33609**

Mailing Address

**4110 W PLATT
TAMPA FL 33609**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Incorporated or Qualified

05/29/1954

4. FEI Number

59-0719091

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**MYERS, MILDRED S
4110 W PLATT ST
TAMPA FL 33609**

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

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.

NATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ST ADDRESS	SD FOSTER, STEPHEN A 15443 LK MAGDALENE BLVD TAMPA FL	<input type="checkbox"/> DELETE	1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ST ADDRESS	PD MYERS, MILDRED S 4110 W PLATT ST TAMPA FL	<input checked="" type="checkbox"/> DELETE	1.2 NAME	Foster, Stephen A.	
ST ADDRESS	SD FOSTER, NIKI 15443 LK MAGDALENE BLVD TAMPA FL	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS	15443 LK Magdalene Blvd	
ST ADDRESS	VD FOSTER, ANDREW L 2535 SIESTA COURT, #3 TAMPA FL	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	Tampa FL	
ST ADDRESS			2.1 TITLE	VTSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ST ADDRESS			2.2 NAME	Foster, James M.	
ST ADDRESS			2.3 STREET ADDRESS	17146 Wahoo Lane	
ST ADDRESS			2.4 CITY-ST-ZIP	Sugarloaf Key FL	
ST ADDRESS			3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST ADDRESS			3.2 NAME		
ST ADDRESS			3.3 STREET ADDRESS		
ST ADDRESS			3.4 CITY-ST-ZIP		
ST ADDRESS			4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ST ADDRESS			4.2 NAME	Foster, Andrew L	
ST ADDRESS			4.3 STREET ADDRESS	P.O. Box 152434	
ST ADDRESS			4.4 CITY-ST-ZIP	Tampa FL	
ST ADDRESS			5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST ADDRESS			5.2 NAME		
ST ADDRESS			5.3 STREET ADDRESS		
ST ADDRESS			5.4 CITY-ST-ZIP		
ST ADDRESS			6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST ADDRESS			6.2 NAME		
ST ADDRESS			6.3 STREET ADDRESS		
ST ADDRESS			6.4 CITY-ST-ZIP		

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.

SIGNATURE:

Andrew L. Foster 9/3/99 813-503-2421

CR2E034 (5/99)