

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

FILED

Feb 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **184127** (9)

1. Corporation Name
O. B. W. CORPORATION

Principal Place of Business O. BOYD WYNNE III 115 N 20th ST. TAMPA, FLA 33605	Mailing Address O. BOYD WYNNE III 115 N. 20th ST. TAMPA, FLA
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3. Date Incorporated or Qualified 3/25/1955	3a. Date of Last Report 2/03/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-0735158	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O BOYD WYNNE III
3106 OAKLYN DR
TAMPA, FLA 33609

81 Name O BOYD WYNNE III	85 Zip Code 33609
82 Street Address (P.O. Box Number is Not Acceptable) 4507 BEACH PARK DR	
83	
84 City TAMPA	85 State FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P/D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WYNNE, III O. BOYD		1.2 NAME	
STREET ADDRESS 4507 BEACH PARK DR		1.3 STREET ADDRESS	
CITY-STATE-ZIP TAMPA, FLA 33609		1.4 CITY-STATE-ZIP	
TITLE S/DIT	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GEORGE VELASCO, JR		2.2 NAME	
STREET ADDRESS 2731 BELAIRE CR		2.3 STREET ADDRESS	
CITY-STATE-ZIP TAMPA, FLA 33614		2.4 CITY-STATE-ZIP	
TITLE V.P/D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WYNNE, EDWARD C.		3.2 NAME	
STREET ADDRESS 2908 SOUTHWESTERN BLVD		3.3 STREET ADDRESS	
CITY-STATE-ZIP UNIVERSITY PARK, TX 77225		3.4 CITY-STATE-ZIP	
TITLE V.P/D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WYNNE, RUTH C.		4.2 NAME	
STREET ADDRESS 2611 BAYSHORE BLVD APT 507		4.3 STREET ADDRESS	
CITY-STATE-ZIP TAMPA, FLA		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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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 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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/97

Date

(813) 876-8280

Daytime Phone #

CR2E034 (9/96)