THOME PILING FEE AFTER MAY 1ST IS \$550.00

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90037 049 ***150.00

Corporation	MEN1 # 289095	•			
	OWNSEND, INC.		•		
		Mailing Address			
Principal Place					
2345 TOWNSEND RD. PO BOX		DADE CITY FL 33526			
ADE CITY FL 33526		DIDE VIII VE VEE		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed 01/28/1965	
		managa appetració		4. FEI Number Applied For	
Principal Pla	ace of Business	2a. Mailing Address		59-1089145 Not Applicat	
<u> </u>		Suite, Apt. #, etc.		\$8.75 Additional	
Suite, Apt. #	t, etc.	27		5. Certificate of Status Desired Fee Required	
City 9 State		City & State	•	6. Election Campaign Financing \$5.00 May Be	
City & State	•	28		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	
] _	25	29	30	Personal Property Tax. Yes No	
<u> </u>	9. Name and Address of Currer			10. Name and Address of New Registered Agent	
			81 Name	. Pri	
	, FRANK J., III		82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
	FIRST FLORIDA TOWER			2. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15	
TAM	PA FL 33602		83	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	
			84 City	85 " Zip Code	
office or re agent. I as	egistered agent, or both, in the State m familiar with, and accept the obliga	ations of, Section 607.0505, Flo	orida Statutes.	poration submits this statement for the purpose of changing its registere ion's board of directors. I hereby accept the appointment as registered	
office or re agent. I as	egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered age	ations of, Section 607.0505, Flo	tes, the above-named cor authorized by the corporat orida Statutes. E: Registered Agent signature requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
office or re agent. I as	egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered age	ations of, Section 607.0505, Flo	orida Statutes. E: Registered Agent signature requi	red when reinstating) { (, , , , ,) DATE	
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14. 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, with all other like empowered.

SIGNATURE: