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 FEB 14 PM 12:18

DOCUMENT # 304429 (4)

1. Corporation Name
COWEN HOLDINGS, INC.

Principal Place of Business	Mailing Address
3595 INDUSTRIAL PARK DRIVE MARIANNA FL 32446-6458	3595 INDUSTRIAL PARK DRIVE MARIANNA FL 32446-6458

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/22/1966	3a. Date of Last Report: 01/31/1994
4. FEI Number: 58-0999233	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

COWEN, GARRIS S.
5087 OLD HICKORY CIRCLE
MARIANNA FL 32446

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	COWEN, ROBERT C.	12 NAME	
STREET ADDRESS	5083 OLD HICKORY CIRCLE	13 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	COWEN, GARRISON S.	22 NAME	
STREET ADDRESS	5089 OLD HICKORY CIRCLE	23 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL	24 CITY-ST-ZIP	
TITLE	EV	31 TITLE	☐ Change ☐ Addition
NAME	BENGT-AKE, BRUCE	32 NAME	
STREET ADDRESS	4627 PINEVIEW DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	SWAILS, BILLY E.	42 NAME	
STREET ADDRESS	4711 THE OAKS DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	TYLER, J. PHILIP	52 NAME	
STREET ADDRESS	4564 RED OAK TRACE	53 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL	54 CITY-ST-ZIP	
TITLE	S	61 TITLE	☐ Change ☐ Addition
NAME	GRANT, RICHARD WAYNE	62 NAME	
STREET ADDRESS	4490 RIVER ROAD	63 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL	64 CITY-ST-ZIP	

14. I/We 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: Garrison S. Cowen 2/8/95 904 482-7333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0411220 FP