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 APR 13 PM 2:55

DOCUMENT # **548598** **(2)**

1. Corporation Name
ROWAND, INC.

Principal Place of Business	Mailing Address
1932 DREW STREET #10 CLEARWATER FL 34625	1932 DREW STREET #10 CLEARWATER FL 34625

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/06/1977**
3a. Date of Last Report: **04/28/1994**

2. Principal Place of Business
21: 29251 U.S. Hwy 19 N.
Suite, Apt. #, etc. 22:
City & State 23: Clearwater, FL
Zip 24: 34621 Country 25: Pinellas

2a. Mailing Address
26: 29251 U.S. Hwy 19 N.
Suite, Apt. #, etc. 27:
City & State 28: Clearwater, FL
Zip 29: 34621 Country 30: Pinellas

4. FEI Number: **59-1773203** ☐ 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

9. Name and Address of Current Registered Agent

RAYMOND, J. PAUL
400 CLEVELAND STREET
CLEARWATER FL 33517

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 ... (NOTE: Required if new registered agent) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	11 TITLE		☐ Change ☐ Addition
NAME	RAYMOND, J PAUL	12 NAME		
STREET ADDRESS	400 CLEVELAND ST	13 STREET ADDRESS		
CITY ST ZIP	CLEARWATER, FL 00000	14 CITY ST ZIP		
TITLE	PSD	21 TITLE		☐ Change ☐ Addition
NAME	TYLER, GARY L	22 NAME		
STREET ADDRESS	1440 NORMANDY LANE	23 STREET ADDRESS		
CITY ST ZIP	PALM HARBOR FL	24 CITY ST ZIP		
TITLE	VDCS	31 TITLE	VDCST	☒ Change ☐ Addition
NAME	ROWAND, RONALD P	32 NAME	ROWAND, RONALD P	
STREET ADDRESS	1932 DREW ST.	33 STREET ADDRESS	29251 U.S. Hwy 19 N.	
CITY ST ZIP	CLEARWATER FL	34 CITY ST ZIP	Clearwater, FL 34621	
TITLE	V	41 TITLE		☐ Change ☐ Addition
NAME	KLAUS, KEVIN M.	42 NAME		
STREET ADDRESS	1393 STONEHENGE WAY	43 STREET ADDRESS		
CITY ST ZIP	PALM HARBOR FL	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do 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, added or deleted.

SIGNATURE: Gary L. Tyler — Gary L. Tyler
President — 4-10-95 — 813-781-6624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0360142 CP