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 12:19

DOCUMENT # **646734** **(4)**

1. Corporation Name
OWL & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
115 SPRINGLINE DR VERO BCH FL 32963	115 SPRINGLINE DR VERO BCH FL 32963

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified **11/30/1979**	3a. Date of Last Report **02/02/1994**
4. FEI Number **59-1956569**	☐ 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

LAMPE, OTTO WILLIAM
115 SPRINGLINE DRIVE
VERO BEACH, FLORIDA

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: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	11 TITLE	☐ Change ☐ Addition
NAME	LAMPE, BARBRA C	12 NAME	
STREET ADDRESS	115 SPRINGLINE DRIVE	13 STREET ADDRESS	
CITY ST ZIP	VERO BEACH, FL 00000	14 CITY ST ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	LAMPE, OTTO WILLIAM	22 NAME	
STREET ADDRESS	115 SPRINGLINE DRIVE	23 STREET ADDRESS	
CITY ST ZIP	VERO BEACH, FL 00000	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		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/We hereby certify that the information supplied with this report is complete, accurate and current as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this report or supplemental annual report is true and accurate and that my signature shall constitute an oath or affirmation under the penalties of perjury 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: _____ 2-8-95 (401) 231-4644
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED DIRECTOR — DATE — DAYTIME TELEPHONE NUMBER

0072035 CP