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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F86104 (9)

1. Corporate Name
OWENS-JOHNSON, INC.

Principal Place of Business	Mailing Address
% E. GARY WORK, JR. 226 SOUTH PALAFOX ST. PENSACOLA FL 32501	% E. GARY WORK, JR. 226 SOUTH PALAFOX ST. PENSACOLA FL 32501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/21/1982
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business	2a. Mailing Address
21 Owens-Johnson, Inc.	26 Owens-Johnson, Inc.
Street, Apt. #, etc. 22 P.O. Box 966	Street, Apt. #, etc. 27 P.O. Box 966
City & State 23 Gonzalez, FL	City & State 28 Gonzalez, FL
Zip / Country 24 32560 / 25	Zip / Country 29 32560 / 30

4. FEI Number: 59-2206433 ☐ 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

WORK, E. GARY, JR.
1940 ST. MARY AVENUE
PENSACOLA FL 32501

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 the name of registered agent has been changed) (NOTE: Required Agent signature required when new address) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	OWENS, E E	12 NAME	
STREET ADDRESS	8800 FOWLER AVE	13 STREET ADDRESS	
CITY-ST-ZIP	GONZALEZ, FL 00000	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, B	22 NAME	
STREET ADDRESS	8800 FOWLER AVE	23 STREET ADDRESS	
CITY-ST-ZIP	GONZALEZ, FL 00000	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, E	32 NAME	
STREET ADDRESS	8800 FOWLER AVE	33 STREET ADDRESS	
CITY-ST-ZIP	GONZALEZ, FL 00000	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, W H	42 NAME	
STREET ADDRESS	8800 FOWLER AVE	43 STREET ADDRESS	
CITY-ST-ZIP	GONZALEZ, FL 00000	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 declare, I certify that the information supplied with this filing is accurate, and that this electronic 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 attached sheet, with an address.

SIGNATURE: E. Gary Owens 2/21/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL

03100245 CP