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Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F91314

(7)

1. Corporation Name

ARMAND G. ROWLEY, INC.

Principal Place of Business

P.O. BOX 337
SHALIMAR FL 32579

Mailing Address

P.O. BOX 337
SHALIMAR FL 32579-0337



3. Date Incorporated or Qualified

08/01/1982

3a. Date of Last Report

01/24/1996

4. FEI Number

59-2207322

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

ROWLEY, ARMAND G
1219 OAKMONT
NICEVILLE FL 32578

10. Name and Address of New Registered Agent

81 Name ROWLEY, ARMAND G.

82 Street Address (P.O. Box Number is Not Acceptable)

9 GRANDVIEW

83

84 City SHALIMAR

FL

85 Zip Code 32579

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

Armand G. Rowley

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

February 02, 1997
DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME ROWLEY, JAMES S.
STREET ADDRESS 2405 MILL RUN
CITY-ST-ZIP CRESTVIEW FL

TITLE D ☐ DELETE
NAME ROWLEY, JOHN M
STREET ADDRESS 2984 CALDWELL CR
CITY-ST-ZIP SUWANNEE GA

TITLE PD ☐ DELETE
NAME ROWLEY, ARMAND G
STREET ADDRESS 1219 OAKMONT
CITY-ST-ZIP NICEVILLE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE PD ☒ Change ☐ Addition
3.2 NAME ROWLEY, ARMAND G.
3.3 STREET ADDRESS 9 GRANDVIEW
3.4 CITY-ST-ZIP SHALIMAR FL 32579

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Armand G. Rowley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)