FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 06, 1999 8:00 am
Secretary of State
04-06-1999 90022 016 ***150.00

DOCUMENT # H73767

1. Corporation Name
DOW SHERWOOD CORPORATION

Principal Place of Business	Mailing Address
6304 BENJAMIN ROAD SUITE 503 TAMPA FL 33634 US	6304 BENJAMIN ROAD SUITE 503 TAMPA FL 33634 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

3. Date Incorporated or Qualifed: 08/30/1985

4. FEI Number: 59-2576935 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ROSENKRANZ, STANLEY W
201 E KENNEDY BLVD
10TH FLOOR
TAMPA FL 33602

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	D	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	KAUFMAN, RONALD P		1.2 NAME	PEARLMAN, BRIAN L. CPA	
STREET ADDRESS	3500 E FLETCHER STE 530		1.3 STREET ADDRESS	2203 N. Lois AVE. STE 700	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	D	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCNULTY, JAMES A		2.2 NAME		
STREET ADDRESS	400 N ASHLEY DR STE 2675		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ROBERTS, C KIRT		3.2 NAME		
STREET ADDRESS	6304 BENJAMIN RD STE 503		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WINSHIP, CHARLES CHUCK		4.2 NAME		
STREET ADDRESS	505 E JACKSON STREET STE 308		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33602		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	YELVINGTON, FLEVRY		5.2 NAME		
STREET ADDRESS	3030 W DR MARTIN LUTHER KING JR BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33607		5.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WILLARD, ROSE M		6.2 NAME		
STREET ADDRESS	6304 BENJAMIN RD STE 503		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33634		6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: Rose M. Willard SIGNATURE Sec./Treas. 4/01/99 (813)885-5434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

USS/SUS

CR2E034 (11/98)