SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** (9) J42414 VOWELL'S DOWNTOWN, INC. Principal Place of Business Mailing Address % REX O. VOWELL % REX O. YOWELL **50 EAST GARDEN STREET** 50 EAST GARDEN STREET PENSACOLA FL 32501 PENSACOLA FL 32501 3. Date Incorporated or Qualified 3a. Date of Last Report 11/17/1986 03/31/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2729022 26 Not Applicable Suite Ant # etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country $Z_{\rm IP}$ Country 8. This corporation has liability for intangible tax under s. 199,032, X Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name VOWELL, REX O. 3035 WINDERMERE DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32503 83 64 City 85 Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607 1506, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505. Florida Statutes. SIGNATURE DAFE Signature, typa dior printed can elos registered agent and title if application (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELFIE TITLE 1.1 THTLE ___ Change ____ Add-tion VOWELL, MARY R. NAME 1.2 NAME **CR2E034** 3035 WINDERMERE DRIVE STREET ADDRESS 1.3 STREET ADDRESS PENSACOLA FL CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE Change ____ Addition 2 1 TITLE VOWELL, REX O. NAME 2.2 NAME 3035 WINDEMERE DRIVE STREET ADDRESS 2.3 STREET ADDRESS PENSACOLA FL CITY-ST-ZIP 2 4 CITY - ST - ZIP TITLE DELETE 3 1 TITLE Change Addition NAME **VOWELL. REX EDWIN** 3.2 NAME 3865 Potosi Rel 3035 WINDERMERE DR STREET ADDRESS 3.3 STREET ADDRESS PENSACOLA FL CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE TITLE Change Addition 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4 3 STREET ADORESS CITY-ST-ZIP 4.4 City - St - ZiP TITLE DELETE 51 TITLE Change Addition NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and doos not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 further certify that the information indicated on this annual report or supplied enter as if made under oath that I an an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 of Block 13 if changed, or on an attachment with an address.

5.4 C(TY - ST - 7)P

6.3 STREET ADDRESS

6 4 CITY - ST - ZIP

6 1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

6/11/96 (904)438.6439

Change Addition