

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 19, 1999 8:00 am
Secretary of State

04-19-1999 90028 013 ***150.00

DOCUMENT # K10609

1. Corporation Name
OWEN MOTORS, INC.

Principal Place of Business
5216 WILLOW LINKS
SARASOTA FL 34235

Mailing Address
5216 WILLOW LINKS
SARASOTA FL 34235

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/05/1988

7

4. FEI Number

59-2865907

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 4552 BLUEBERRY FARM
ROAD

22 Suite, Apt. #, etc.

23 SARASOTA FL

24 34235 25 SARASOTA

26 4552 BLUEBERRY FARM RD

27 Suite, Apt. #, etc.

28 SARASOTA FL

29 34235 30 SARASOTA

2a. Mailing Address

26 4552 BLUEBERRY FARM RD

27 Suite, Apt. #, etc.

28 SARASOTA FL

29 34235 30 SARASOTA

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

OWEN, DONALD W.
5216 WILLOW LINKS
SARASOTA FL 34235

10. Name and Address of New Registered Agent

81 Name

NO CHANGE

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

4552 BLUEBERRY FARM ROAD

83

84 City

SARASOTA

FL

85 Zip Code

34235

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME OWEN, DONALD W.
STREET ADDRESS 5216 WILLOW LINKS
CITY-ST-ZIP SARASOTA FL

TITLE DP ☐ DELETE

NAME OWEN, JANICE
STREET ADDRESS 5216 WILLOW LINKS
CITY-ST-ZIP SARASOTA FL

TITLE DVP ☐ DELETE

NAME ELIA, PATRICK W.
STREET ADDRESS 8466 LOCKWOOD RIDGE #231
CITY-ST-ZIP SARASOTA 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 ADDRESS ☒ Change ☐ Addition

1.2 NAME 4552 BLUEBERRY FARM ROAD

1.3 STREET ADDRESS SARASOTA FL 34235

1.4 CITY-ST-ZIP ADDRESS ☒ Change ☐ Addition

2.1 TITLE 4552 BLUEBERRY FARM ROAD

2.2 NAME SARASOTA, FL 34235

2.3 STREET ADDRESS ADDRESS ☒ Change ☐ Addition

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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:

Janice Owen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-99

Date

941-951-1707

Daytime Phone #

CR2E034 (11/98)

0483197